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San Francisco Public Library

GOVERNMENT INFORMATION CENTER
SAN FRANCISCO PUBLIC LIBRARY

REFERENCE BOOK

Not to be taken from the Library

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SAN FRANCISCO PUBLIC LIBRARY

APPLICATIONS FOR USE OF MEETING ROOMS

Applications are inserted according to the date of requested use of a meeting room. If the request is for a series of dates, the application is inserted according to the date of first use.

San Francisco Public Library
Government Information Center

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31d
1/22/94

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

DEC 23 1994

(Adopted 8/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: ~~[illegible]~~ Jan 11, Feb. 8, Mar. 8, 1995	Time Requested: 7-9:30
Facility: BAYVIEW- WADEN #13	Attendance Expected: 10-20 people
Describe event or purpose of meeting: Business owner skill workshop	

DOCUMENTS DEPT.
JAN 13 1995
SAN FRANCISCO PUBLIC LIBRARY

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group:	Non-Profit: Yes ○ No ⊗
Purpose of Group/Type of Activities to Take Place in the Library: Providing info to prospective business owners on how to get started	
Primary Contact Person: Margaret Rensch	Position in Group: Manager
Full Mailing Address: 10285 San Pablo Ave El Cerrito, Ca 94530	
Day Phone: 510 526 4081	Evening Phone: 415 / 026 9327
Secondary Contact Person: Bill Hawke	Position in Group: Manager
Full Mailing Address: 10285 San Pablo Ave El Cerrito, Ca 94530	
Day Phone: 510 / 526 4081	Evening Phone: 415 / 991 1673

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Mary Rensch *(signature)* 12/19/94 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Catherine M Brennan

SPPL - 15

NOV 23 1994

SAN FRANCISCO PUBLIC LIBRARY EXCELSIOR BRANCH 10/70

Request for Use of Public Meeting Rooms

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: CWEST - SAN FRANCISCO COMMODORE AMIGA USERS GROUP

PURPOSE OF ORGANIZATION: COMPUTER CLUB

TYPE OF ACTIVITIES taking place in the Library: MEETINGS - DEMONSTRATIONS

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: GEORGE TODD

ADDRESS: 3462 17th STREET #B S.F. CA 94110

TELEPHONE: 415-626-9946

OFFICIAL CAPACITY: SECRETARY- TREASURER

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: BOBBIE SELLERS Telephone: 474-1164

NAME: JAMIE PADOVER Telephone: 584-8406

SPACE REQUESTED: MEETING ROOM

DATE(S): SECOND WEDNESDAYS - JAN TO JUNE 1995 Hours: 6:30 to 8:45

APPROXIMATE ATTENDANCE: 30

OTHER INFORMATION:

****

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

In case of Branch Library, return to the Librarian in charge of the branch where space is requested.

Approved: Tom Goldman

For further information call:
558-3602

SFPL - 15 Rev.

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NOV 29 1994
SAN FRANCISCO
PUBLIC LIBRARY

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

01/12/95

DOCUMENTS DEPT.
JAN 13 1995
SAN FRANCISCO
PUBLIC LIBRARY

Bayview Branch

"Business Ownership Workshop" - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
1/11, 2/8 & 3/8/95: 7-8:30 PM
Expiration date: 03/09/95

Bernal Heights Branch

San Francisco Homeschoolers - Peter DiStefano
171 Wool St, S.F., CA 94110; TEL: 282-3389
1/25/95: 7-8:30 PM
Expiration date: 01/26/95

Noe Valley Branch

Noe Valley Computer Club - Ed Shuck
545 Eureka St, S.F., CA 94114; TEL: D 826-5821/E 824-5291
2nd Saturday: 1-2 PM
Expiration date: 01/31/95

Project Read - Trish Strickland
114 Frederick St #16, S.F., CA 94117; TEL: D 984-8820/E 255-6365
Every Saturday (*2nd Sat): 1-3 PM (*2-3 PM)
Expiration date: 01/31/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 02/10/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursday: 1 PM
Expiration date: 02/17/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, S.F., CA 94117; TEL: D 255-1180/E 648-3174
1st Wednesday: 7 PM
Expiration date: 04/06/95

4 47610 SFPL: ECONO JRS
38 SFPL 03/15/02 103

RAD - Joe Konopka
544 Ashbury, S.F., CA 94117; TEL: D 338-2764/E 861-0256
Wed 2/8/95: 7:30-9:30 PM
Expiration date: 02/09/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22/95: 6-10 PM
Expiration date: 02/23/95

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 2/2/95: 7-9 PM
Expiration date: 02/03/95

Global exchange - Terry Preston
2017 Mission St #303, S.F., CA 94110; TEL: D 255-7296/E 510-530-7363
Thurs 2/16/95: 7-9 PM
Expiration date: 02/17/95

Potrero Branch

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, S.F., CA 94112; TEL: 469-7924
1st Saturday: 1-6 PM
Expiration date: 04/02/95

Potrero Hill Garden Club - Mia Amato
449 Pennsylvania, S.F., CA 94107; TEL: 285-6807
Sat 1/21/95: 7-8 PM
Expiration date: 01/22/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesday: 1 PM
Expiration date: 05/11/95

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FEB 8 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 2/16/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 7 Jan 95	Time Requested: 6:00 PM - 8:30 P.M.
Facility: PARK	Attendance Expected: 20
Describe event or purpose of meeting: '95 Organizational Meeting for C.O.R.A.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: California Outdoor Rollerskating Association	Non-Profit: Yes ✓ No O
Purpose of Group/Type of Activities to Take Place in the Library: Discussion of inline Skating	
Primary Contact Person: David G. Miles Jr.	Position in Group: President
Full Mailing Address: 777-5th Ave #3. S.F. CA. 94118	
Day Phone: 415-752-1967	Evening Phone: SAME
Secondary Contact Person: Art Howard	Position in Group: Vice President
Full Mailing Address: 2549 Irving Ave	
Day Phone: 415-752-8776	Evening Phone: 661-1229

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

C.O.R.A. *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the C.O.R.A. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on C.O.R.A. *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

David G. Miles *(signature)* 7 Jan 95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: R. S. Vose

DOCUMENTS DEPT.
FEB 1 6 1994
SAN FRANCISCO
PUBLIC LIBRARY

OK mgr 2/16/95

SFPL - 15

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1/19/95

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

Bayview Branch

"Business Ownership Workshop" - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
1/11, 2/8 & 3/8/95: 7-8:30 PM
Expiration date: 03/09/95

Bernal Heights Branch

San Francisco Homeschoolers - Peter DiStefano
171 Wool St, S.F., CA 94110; TEL: 282-3389
1/25/95: 7-8:30 PM
Expiration date: 01/26/95

Noe Valley Branch

Noe Valley Computer Club - Ed Shuck
545 Eureka St, S.F., CA 94114; TEL: D 826-5821/E 824-5291
2nd Saturday: 1-2 PM
Expiration date: 01/31/95

Project Read - Trish Strickland
114 Frederick St #16, S.F., CA 94117; TEL: D 984-8820/E 255-6365
Every Saturday (*2nd Sat): 1-3 PM (*2-3 PM)
Expiration date: 01/31/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 02/10/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursday: 1 PM
Expiration date: 02/17/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, S.F., CA 94117; TEL: D 255-1180/E 648-3174
1st Wednesday: 7 PM
Expiration date: 04/06/95

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JAN 20 1995
SAN FRANCISCO
PUBLIC LIBRARY

RAD - Joe Konopka
544 Ashbury, S.F., CA 94117; TEL: D 338-2764/E 861-0256
Thurs 2/23/95: 7-9:30 PM
Expiration date: 02/24/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22/95: 6-10 PM
Expiration date: 02/23/95

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 2/2/95: 7-9 PM
Expiration date: 02/03/95

Global exchange - Terry Preston
2017 Mission St #303, S.F., CA 94110; TEL: D 255-7296/E 510-530-7363
Thurs 2/16/95: 7-9 PM
Expiration date: 02/17/95

San Francisco Bicycle Coalition (SFBC) - David Snyder
1949 Page St, S.F., CA 94117; TEL: D 863-1701/E 668-2406
Mon 1/23/95: 7-10 PM
Expiration date: 01/24/95

Potrero Branch

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, S.F., CA 94112; TEL: 469-7924
1st Saturday: 1-6 PM
Expiration date: 04/02/95

Potrero Hill Garden Club - Mia Amato
449 Pennsylvania, S.F., CA 94107; TEL: 285-6807
Sat 1/21/95: 7-8 PM
Expiration date: 01/22/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesday: 1 PM
Expiration date: 05/11/95

JAN 17 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/13/92)

Expiration Date: 1/24/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Monday Jan. 23	Time Requested: 7 -10 p.m.
Meeting: PARK	Attendance Expected:
Describe event or purpose of meeting: • Board mtg. of advocacy group. •	

DOCUMENTS DEPT.
JAN 18 1995
SAN FRANCISCO
PUBLIC LIBRARY

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: S.F. Bicycle Coalition (SFBC)	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: • promote the bicycle for everyday transportation	
Primary Contact Person: David Snyder	Position in Group: Executive Director
Full Mailing Address: 1944 Page Street 94117	
Day Phone: 863-1701 or 252-9119 (MAT)	Evening Phone: 668-2406
Secondary Contact Person: Lucinda Means	Position in Group:
Full Mailing Address: 1654 A Page 94117	
Day Phone: 395-8067	Evening Phone: 241-9090

verify by phone

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

SFBC *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the SFBC *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on SFBC *(group or organization)*, its agents or employee.

SFBC *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting/room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

David H. Snyder *(signature)* 1/12/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: RV (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $ _____ rec'd/waived by: _____
Key Deposit: $ _____ rec'd/waived by: _____
Janitorial: $ _____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

SFPL - 15

F
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1/26/95

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

Bayview Branch

"Business Ownership Workshop" - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
1/11, 2/8 & 3/8/95: 7-8:30 PM
Expiration date: 03/09/95

Noe Valley Branch

Noe Valley Computer Club - Ed Shuck
545 Eureka St, S.F., CA 94114; TEL: D 826-5821/E 824-5291
2nd Saturday: 1-2 PM
Expiration date: 01/31/95

Project Read - Trish Strickland
114 Frederick St #16, S.F., CA 94117; TEL: D 984-8820/E 255-6365
Every Saturday (*2nd Sat): 1-3 PM (*2-3 PM)
Expiration date: 01/31/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 02/10/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursday: 1 PM
Expiration date: 02/17/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, S.F., CA 94117; TEL: D 255-1180/E 648-3174
1st Wednesday: 7 PM
Expiration date: 04/06/95

RAD - Joe Konopka
544 Ashbury, S.F., CA 94117; TEL: D 338-2764/E 861-0256
Thurs 2/23/95: 7-9:30 PM
Expiration date: 02/24/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22/95: 6-10 PM
Expiration date: 02/23/95

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JAN 26 1995
SAN FRANCISCO
PUBLIC LIBRARY

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 2/2/95: 7-9 PM
Expiration date: 02/03/95

Global exchange - Terry Preston
2017 Mission St #303, S.F., CA 94110; TEL: D 255-7296/E 510-530-7363
Thurs 2/16/95: 7-9 PM
Expiration date: 02/17/95

Potrero Branch

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, S.F., CA 94112; TEL: 469-7924
1st Saturday: 1-6 PM
Expiration date: 04/02/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesday: 1 PM
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 PM
Expiration date: 06/30/95

MAY 17 1994

JAN 27 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SFPL-15
(5/92)

Application Date: 1/26/95

NOTE: *Complete this form in duplicate and submit with organization literature to Manager of Requested Facility.*

Dates Requested: 2nd and 4th Thurs. each month	Time Requested: 1-3 PM
Facility: Western Addition Branch	Attendance Expected: 15
Describe event or purpose of meeting: See Below	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: AMERICAN CHRONIC PAIN ASSOC.	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: To Discuss Our Feelings Re our Pain	
Primary Contact Person Applying: SERI RAIMONDI	Position in Group: GROUP LEADER
Full Mailing Address: 1845 FRANKLIN ST., APT. 305, S.F. CA. 94109	
Day Phone: (415) 771-6553	Evening Phone:
Secondary Contact Person: Janet Planche	Position in Group:
Full Mailing Address: 1925 Grant Ave SF CA 94133	
Day Phone: 415 391 1353	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐, No ☑. If yes, attach insurance rider.

I certify I have read the meeting room rules and Waiver of Liability and agree to all provision of the above:

_____ *(signature)*

FOR DEPARTMENT USE ONLY

EXPIRATION DATE: 12/28/95

DOCUMENTS DEPT.
FEB 6 1995
SAN FRANCISCO PUBLIC LIBRARY

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ initials of authorizing authority

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackson

February 9
February 23
March 9
March 23
April 13
April 27
May 11
May 25
June 8
June 22
July 13
July 27
August 10
August 24
September 14
September 28
October 12
October 26
November 9
December 14
December 28

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SF Public Library

EXPIRATION DATE: 30 June 95

JAN 18 1995

APPLICATION FOR USE OF SFPL MEETING ROOM:

Note: Complete form 74.3 in duplicate)
and submit to Manager of Requested Facility

DATES REQUESTED: 1st & LAST Tues of MONTH 1995	TIME REQUESTED: 7:00 ~~10:00~~ pm 9:00
FACILITY: POTRERO HILL LIBRARY; UPSTAIRS MEETING ROOM	ATTENDANCE EXPECTED: 30 - 50
Describe event or purpose of meeting: NEIGHBORHOOD ASSOC MEETING	

INFORMATION ON REQUESTING ORGANIZATION:

NAME OF GROUP: POTRERO BOOSTERS & MERCHANTS ASSOC	Non-Profit: Yes X No O
PURPOSE OF GROUP: NEIGHBORHOOD IMPROVEMENT, PLANNING, POTROTECTION	
PERSON APPLYING: RICHARD C. MILLET	POSITION IN GROUP: PRESIDENT
MAILING ADDRESS: 1459 - 18th STREET #133 San Francisco, CA 94107	
DAY PHONE: 861-0345	NIGHT PHONE: 861-0345

CATEGORY OF USE: circle all that apply

Library-sponsored event:	Yes	No
Government agency:	Yes	No
Community-based group: (NEIGHBORHOOD ASSOC)	Yes	No
Children/Youth Literacy/Education Group:	Yes	No
Other:		

CONDITIONS FOR USE:
Insurance required (~~Yes~~ No). If yes, attach insurance rider.

I certify I have read the meeting room rules, Indeminification, and waiver of liability and agree to all provision of the above:

Richard C. Millet (signature) 15 Jan '95

SPECIAL AUTHORIZATION:
REFRESHMENTS: ____ initials of authorizing authority
FEES PAID/WAIVED:
Room rental: ____ rec'd/waived by: _____
Key Depost: ____ rec'd/waived by: _____
Janitorial: ____ rec'd/waived by: _____

____APPROVED ____DISAPPROVED

____ROOM NOT AVAILABLE: ALTERNATE SUGGESTED: _____

by: Branch/Main Manager: _____

DOCUMENTS DEPT.
JAN 20 1995
SAN FRANCISCO
PUBLIC LIBRARY

P78
#31
2/3/95

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

02/03/95

DOCUMENTS DEPT.
FEB 6 1995
SAN FRANCISCO
PUBLIC LIBRARY

Bayview Branch

"Business Ownership Workshop" - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
1/11, 2/8 & 3/8/95: 7-8:30 PM
Expiration date: 03/09/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 02/10/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursday: 1 PM
Expiration date: 02/17/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, S.F., CA 94117; TEL: D 255-1180/E 648-3174
1st Wednesday: 7 PM
Expiration date: 04/06/95

RAD - Joe Konopka
544 Ashbury, S.F., CA 94117; TEL: D 338-2764/E 861-0256
Thurs 2/23/95: 7-9:30 PM
Expiration date: 02/24/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22/95: 6-10 PM
Expiration date: 02/23/95

Global exchange - Terry Preston
2017 Mission St #303, S.F., CA 94110; TEL: D 255-7296/E 510-530-7363
Thurs 2/16/95: 7-9 PM
Expiration date: 02/17/95

Potrero Branch

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, S.F., CA 94112; TEL: 469-7924
1st Saturday: 1-6 PM
Expiration date: 04/02/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesday: 1 PM
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 PM
Expiration date: 06/30/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 PM
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 PM
Expiration date: 12/29/95

JAN 27 1995

~~MAR 11 1994~~ ~~SEP 08 1993~~

~~AUG 23 1994~~

EXPIRATION DATE: 1/26/95

APPLICATION FOR USE OF SFPL MEETING ROOM:

Note: Complete form 74.3 in duplicate)
and submit to Manager of Requested Facility

DATES REQUESTED: Feb. 4, May 6 1st Saturday monthly and June 3, 1995	REQUESTED: ~~1-4 pm~~ 1:30-3PM
FACILITY: LSA meeting room	ATTENDANCE EXPECTED: 20
Describe event or purpose of meeting: SFERO Monthly program of the San Francisco Esperanto Regional orgn.	

INFORMATION ON REQUESTING ORGANIZATION:

NAME OF GROUP: San Francisco Esperanto Regional Organization	Non-Profit: Yes ✓ No O
PURPOSE OF GROUP: To teach and practice speaking Esperanto — hospitality to foreign Esperantists	
PERSON APPLYING: Charles E. Galvin, Jr.	POSITION IN GROUP: President
MAILING ADDRESS: 121 Cortland Ave SF 94110	
DAY PHONE: ~~397-5517~~ 342-1796	NIGHT PHONE: 821-9783

CATEGORY OF USE: circle all that apply

Library-sponsored event:	Yes	No
Government agency:	Yes	No
Community-based group:	Yes	No
Children/Youth Literacy/Education Group:	Yes	No
Other:		

CONDITIONS FOR USE:

Insurance required (Yes/No). If yes, attach insurance rider.

I certify I have read the meeting room rules, Indeminification, and Waiver of Liability and agree to all provision of the above:

Charles Galvin
(signature)

SPECIAL AUTHORIZATION:

REFRESHMENTS: ____ initials of authorizing authority

FEES PAID/WAIVED:

Room rental: ____ rec'd/waived by: ____

Key Deposit: ____ rec'd/waived by: ____

Janitorial: ____ rec'd/waived by: ____

X APPROVED ____ DISAPPROVED

____ ROOM NOT AVAILABLE: ALTERNATE SUGGESTED: ____

by: Branch/Main Manager: Jean Jackson

DOCUMENTS DEPT.
FEB 2 1995
SAN FRANCISCO
PUBLIC LIBRARY

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 2/9/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Wed, Feb. 8, 1995	Time Requested: 7:30-9:30
Facility: Park Branch Meeting Room	Attendance Expected:
Describe event or purpose of meeting: Neighborhood Group	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: RAD	Non-Profit: Yes O No O
Purpose of Group/Type of Activities to Take Place in the Library: GENERAL Meeting	
Primary Contact Person: JOE KONOPKA	Position in Group: PRESIDENT
Full Mailing Address: 544 ASHBURY, SAN FRANCISCO, CA. 94117	
Day Phone: 338 2764	Evening Phone: 861 0256
Secondary Contact Person: Ethel KONOPKA	Position in Group: PATROL LEADER
Full Mailing Address: SAME	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

RAD *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the RAD *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on RAD *(group or organization)*, its agents or employee.

RAD *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Joyce Konopka *(signature)* 1/21/94 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

DOCUMENTS DEPT.
DEC 29 1994
SAN FRANCISCO
PUBLIC LIBRARY

SFPL - 15

JAN 25 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: Feb 9, 1995

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Wed, Feb. 8	Time Requested: 7:30-9
Facility: Park Branch Meeting Room	Attendance Expected: 30
Describe event or purpose of meeting: educational presentation on destruction of British Columbian rainforests	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: H.A.N.C. Recycling Ctr	Non-Profit: Yes ● No ○
Purpose of Group/Type of Activities to Take Place in the Library: environmental/educational	
Primary Contact Person: Andy Pugni	Position in Group: employee/SFCR board member
Full Mailing Address: 780 Frederick St, SF CA 94117	
Day Phone: 731-6720	Evening Phone: 826-1252
Secondary Contact Person: Kevin Drew	Position in Group: president/manager
Full Mailing Address: 780 Frederick St, SF CA 94117	
Day Phone: 753-0932	Evening Phone: 665-8124

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

HANC *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the HANC *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on HANC *(group or organization)*, its agents or employee.

HANC *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Sandy Citarella Admin asst *(signature)* 1-24-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Ose

DOCUMENTS DEPT
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SAN FRANCISCO
PUBLIC LIBRARY

SFPL - 15

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 3/15/92)

DEC 16 1994

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 2/8/95	Time Requested: 6:30 – 9:00
Facility: POTRERO BRANCH	Attendance Expected: 40 – 50
Describe event or purpose of meeting: Annual Homeowners Assoc. meeting (Parkview Heights)	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: PARKVIEW HTS HOA	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Election of Board Members / Meeting / Pot Luck	
Primary Contact Person: Avery McGinn	Position in Group: President, Board
Full Mailing Address: 1429 DeHaro St.	
Day Phone: (415) 821-9149 (Klein's)	Evening Phone: 282-[redacted] 9268
Secondary Contact Person: Andy Rumer	Position in Group: Treasurer
Full Mailing Address: 1461 DeHaro St.	
Day Phone: 641-1120	Evening Phone: same

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒ If yes, attach insurance rider.

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PHHOA *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the PHHOA *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on PHHOA *(group or organization)*, its agents or employee.

PHHOA *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* 12/14/94 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

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SAN FRANCISCO
PUBLIC LIBRARY

BY: BRANCH/MAIN MANAGER: _____

SFPL - 15

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

DOCUMENTS DEPT.
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SAN FRANCISCO
PUBLIC LIBRARY

02/10/95

Bayview Branch

"Business Ownership Workshop" - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
1/11, 2/8 & 3/8/95: 7-8:30 PM
Expiration date: 03/09/95

Park Branch

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursday: 1 PM
Expiration date: 02/17/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, S.F., CA 94117; TEL: D 255-1180/E 648-3174
1st Wednesday: 7 PM
Expiration date: 04/06/95

RAD - Joe Konopka
544 Ashbury, S.F., CA 94117; TEL: D 338-2764/E 861-0256
Thurs 2/23/95: 7-9:30 PM
Expiration date: 02/24/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22/95: 6-10 PM
Expiration date: 02/23/95

Global exchange - Terry Preston
2017 Mission St #303, S.F., CA 94110; TEL: D 255-7296/E 510-530-7363
Thurs 2/16/95: 7-9 PM
Expiration date: 02/17/95

Potrero Branch

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, S.F., CA 94112; TEL: 469-7924
1st Saturday: 1-6 PM
Expiration date: 04/02/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesday: 1 PM
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 PM
Expiration date: 06/30/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 PM
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 PM
Expiration date: 12/29/95

Noe Valley

FEB 23 1995

FEB 16 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SFPL-15
(6/9/92)

Application Date: 2-14-95

NOTE: *Complete this form in duplicate and submit with organization literature to Manager of Requested Facility.*

Dates Requested: 2-15 and every Wednesday	Time Requested: 4:15 p.m to 5:15 p.m
Facility: Noe Valley	Attendance Expected: 5-15 people
Describe event or purpose of meeting: Police study groups for Academy Training	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Study group	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: study ordinances and discuss questions	
Primary Contact Person: Bernard Corry	Position in Group: President
Full Mailing Address: 838 Duncan St. S.F. Ca 94131	
Day Phone: 824-2206	Evening Phone: pager 998-1986
Secondary Contact Person:	Position in Group:
Full Mailing Address:	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐, No ☒. If yes, attach insurance rider.

I certify that I have read the meeting room rules and Waiver of Liability and agree to all provision of the above:

Bernard Corry *(signature)*

FOR DEPARTMENT USE ONLY

EXPIRATION DATE: _____

SPECIAL AUTHORIZATION:

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PUBLIC LIBRARY

REFRESHMENTS: _____ initials of authorizing authority

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

OK MG 2/24

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Roberta Geufer

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JAN 11 1995

(Adopted 9/15/92)

Expiration Date: 1/4/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Thurs. Feb. 16 1995	Time Requested: 7-9 pm
Facility: Park	Attendance Expected: 70
Describe event or purpose of meeting: Educational presentation	

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JAN 13 1995
SAN FRANCISCO PUBLIC LIBRARY

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Global Exchange	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Research & education on World Affairs	
Primary Contact Person: Terry Preston	Position in Group: Event Coordinator
Full Mailing Address: 2017 Mission St. #303 SF CA 94110	
Day Phone: 415-255-7296	Evening Phone: 510-530-9363
Secondary Contact Person: Kristen Moller	Position in Group: Executive Director
Full Mailing Address: Same	
Day Phone: Same	Evening Phone: 282-1927

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider. NO

Global Ex *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Global Ex *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Global Ex *(group or organization)*, its agents or employee.

Global Ex *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Terry Preston *(signature)* 1-4-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

SFPL - 15

SF
1995
#21
2/17/95

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

Bayview Branch

"Business Ownership Workshop" - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
1/11, 2/8 & 3/8/95: 7-8:30 PM
Expiration date: 03/09/95

Park Branch

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, S.F., CA 94117; TEL: D 255-1180/E 648-3174
1st Wednesday: 7 PM
Expiration date: 04/06/95

RAD - Joe Konopka
544 Ashbury, S.F., CA 94117; TEL: D 338-2764/E 861-0256
Thurs 2/23/95: 7-9:30 PM
Expiration date: 02/24/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22 & Tues 5/23/95: 6-10 PM
Expiration date: 05/24/95

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 5/4/95: 7-9 PM
Expiration date: 05/05/95

Breakout - Greg James
1627 - 30th Ave, S.F., CA 94114; TEL: D 598-5193/E 566-8295
Tues 3/7/95: 6-9:30 PM
Expiration date: 03/08/95

Potrero Branch

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, S.F., CA 94112; TEL: 469-7924
1st Saturday: 1-6 PM
Expiration date: 04/02/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesday: 1 PM
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 PM
Expiration date: 06/30/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 PM
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 PM
Expiration date: 12/29/95

Noe Valley

FEB 23 1995
FEB 16 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SFPL-15
(6/9/92)

Application Date: 2/12/95

NOTE: *Complete this form in duplicate and submit with organization literature to Manager of Requested Facility.*

Dates Requested: Fridays, beginning 2/17	Time Requested: 2PM-4PM
Facility: Noe Library	Attendance Expected: 1 student / 1 tutor
Describe event or purpose of meeting: Project Read tutorial	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Project Read	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: tutoring	
Primary Contact Person: Amy Oggerding	Position in Group: Volunteer Coor.
Full Mailing Address: Public Library · Main Branch	
Day Phone:	Evening Phone:
Secondary Contact Person: Marta Ames	Position in Group: tutor
Full Mailing Address: 1396 - 27th Ave	
Day Phone: 759·5996 (415)	Evening Phone: 512·4339 x 328 (415)

CONDITIONS FOR USE: Insurance required? Yes ☐, No ☐. If yes, attach insurance rider.

I certify that I have read the meeting room rules and Waiver of Liability and agree to all provision of the above:

Marta Ames *(signature)*

FOR DEPARTMENT USE ONLY

EXPIRATION DATE: _____

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FEB 28 1995
SAN FRANCISCO
PUBLIC LIBRARY

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ initials of authorizing authority

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK MG 2/24

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Roberta Geifer

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

DEC 2 2 1994

(Adopted 9/15/92)

Expiration Date: 2/23/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Wed., Feb 22. 1995	Time Requested: 6:00 p.m. to 10:00 p.m.
Facility: Park Branch Community Room	Attendance Expected: 40 - 60 people
Describe event or purpose of meeting: Discussion of community issues, usually with guest speakers.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Cole Valley Improvement Association	Non-Profit: Yes ⊗ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Discussions of community issues	
Primary Contact Person: Karen Cronmie	Position in Group: President
Full Mailing Address: 628 Ashbury St., S.F. 94117	
Day Phone: (415) 431-1414	Evening Phone: (415) 431-1414
Secondary Contact Person: Doerte Murray	Position in Group: Treasurer
Full Mailing Address: 526 Clayton St., S.F., 94117	
Day Phone: 626-3607	Evening Phone: 626-3607

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Cole Valley Improvement Assn *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Cole Valley Imp. Assn. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Cole Valley Imp. Assn. *(group or organization)*, its agents or employee.

Cole Valley Imp. Assn. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Karen Lyne Cronmie *(signature)* Dec 17, 1994 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

(☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Jose

DOCUMENTS DEPT.
DEC 29 1994
SAN FRANCISCO
PUBLIC LIBRARY

DOCUMENTS DEPT.
FEB 28 1995
SAN FRANCISCO
PUBLIC LIBRARY

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

Bayview Branch

"Business Ownership Workshop" - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
1/11, 2/8 & 3/8/95: 7-8:30 PM
Expiration date: 03/09/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursday: 1 PM
Expiration date: 08/18/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, S.F., CA 94117; TEL: D 255-1180/E 648-3174
1st Wednesday: 7 PM
Expiration date: 04/06/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22 & Tues 5/23/95: 6-10 PM
Expiration date: 05/24/95

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 5/4/95: 7-9 PM
Expiration date: 05/05/95

Breakout - Greg James
1627 - 30th Ave, S.F., CA 94114; TEL: D 598-5193/E 566-8295
Tues 3/7/95: 6-9:30 PM
Expiration date: 03/08/95

Potrero Branch

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, S.F., CA 94112; TEL: 469-7924
1st Saturday: 1-6 PM
Expiration date: 04/02/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesday: 1 PM
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 PM
Expiration date: 06/30/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 PM
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 PM
Expiration date: 12/29/95

SF
P75
#31
3/3/95

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

03/03/95

Bayview Branch

"Business Ownership Workshop" - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
1/11, 2/8 & 3/8/95: 7-8:30 PM
Expiration date: 03/09/95

Excelsior Branch

Neighbors of the Excelsior/NOTE McLaren Task Force - Jo Coffey
248 Dublin, S.F., CA 94112; TEL: 585-6506
3/29/95 & 6/15/95: 6:30-8:45 PM
Expiration date: 06/16/95

Noe Valley Branch

Study Group - Bernard Corry
838 Duncan St, S.F., CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 PM
Expiration date: 08/31/95

Project Read - Amy Differding
Main Library, Civic Ctr, S.F., CA 94102; TEL:
Fridays: 2-4 PM
Expiration date: 08/26/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursday: 1 PM
Expiration date: 08/18/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, S.F., CA 94117; TEL: D 255-1180/E 648-3174
1st Wednesday: 7 PM
Expiration date: 04/06/95

DOCUMENTS DEPT.
MAR 3 1995
SAN FRANCISCO
PUBLIC LIBRARY

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22 & Tues 5/23/95: 6-10 PM
Expiration date: 05/24/95

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 5/4/95: 7-9 PM
Expiration date: 05/05/95

Breakout - Greg James
1627 - 30th Ave, S.F., CA 94114; TEL: D 598-5193/E 566-8295
Tues 3/7/95: 6-9:30 PM
Expiration date: 03/08/95

Potrero Branch

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, S.F., CA 94112; TEL: 469-7924
1st Saturday: 1-6 PM
Expiration date: 04/02/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesday: 1 PM
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 PM
Expiration date: 06/30/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 PM
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 PM
Expiration date: 12/29/95

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 3/8/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Tues., March 7	Time Requested: 6:00 – 9:30
Facility: Park Branch Meeting Room	Attendance Expected: 10 – 25 people
Describe event or purpose of meeting: monthly meeting of Professional Group of H.R. Trainers & Consultants	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: ~~Grey~~ Breakout	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Professional development & networking	
Primary Contact Person: Greg James	Position in Group: logistics coordinator
Full Mailing Address: 1627 – 30th Ave \ SF, CA 94114	
Day Phone: 598-5193	Evening Phone: 566-8295
Secondary Contact Person: Rod Kemp	Position in Group: Program Coordinator
Full Mailing Address: 261 Molino Dr \ SF, CA 94127	
Day Phone: 954-4470	Evening Phone: 586-0185

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

Breakout *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Breakout *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Breakout *(group or organization)*, its agents or employee.

Breakout *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

J Gregory James *(signature)* 2/10/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: RV (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $____ rec'd/waived by: ____
Key Deposit: $____ rec'd/waived by: ____
Janitorial: $____ rec'd/waived by: ____

OK 2/15/95 MGR

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: ____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

SFPL - 15

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1/95

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

MAY 4 1995

(Adopted 9/15/92)

Expiration Date: 12/13/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 2nd Wed. eve of the month 1995: 2/8, 3/8, 4/12, 5/10, 6/14, 7/12, 8/9, 9/13, 10/13, 11/8, 12/13	Time Requested: 7PM to 9 PM
Facility: Western addition Branch Scott & Geary (1550 Scott st) SF	Attendance Expected: approx 15 people
Describe event or purpose of meeting: Amateur Astronomy Club - monthly business meeting	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: San Francisco Amateur Astronomers	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Monthly Board of Directors Meeting	
Primary Contact Person: Nancy Cox	Position in Group: President, SFAA
Full Mailing Address: 1065 S. Van Ness # 305, San Francisco, CA 94110	
Day Phone: 415-826-2217	Evening Phone: 415 826-2217
Secondary Contact Person: Ray Cash-Le Pennec	Position in Group: Vice President
Full Mailing Address: 1916 Judah St SF CA 94122	
Day Phone: 415 665-8639	Evening Phone: 415 665-8639

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒ If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Nancy Cox *(signature)* March 8, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackson

SFPL - 15

DOCUMENTS DEPT.
MAY 05 1995
SAN FRANCISCO
PUBLIC LIBRARY

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5/4/95

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

MAY 4 1995

(Adopted 9/15/92)

Expiration Date: 12/13/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 2nd Wed. eve of the month 1995: 2/8, 3/8, 4/12, 5/10, 6/14, 7/12, 8/9, 9/13, 10/13, 11/8, 12/13	Time Requested: 7 PM to 9 PM
Facility: Western addition Branch Scott & Geary (1550 Scott st) SF	Attendance Expected: approx 15 people
Describe event or purpose of meeting: Amateur Astronomy Club - monthly business meeting	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: San Francisco Amateur Astronomers	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Monthly Board of Directors Meeting	
Primary Contact Person: Nancy Cox	Position in Group: President, SFAA
Full Mailing Address: 1065 S. Van Ness # 305, San Francisco, CA 94110	
Day Phone: 415-826-2217	Evening Phone: 415 826-2217
Secondary Contact Person: Ray Cash-Le Pennec	Position in Group: Vice President
Full Mailing Address: 1916 Judah St SF CA 94122	
Day Phone: 415 665-8639	Evening Phone: 415 665-8639

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒, If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Nancy Cox *(signature)* March 8, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackson

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DOCUMENTS DEPT.
MAY 05 1995
SAN FRANCISCO
PUBLIC LIBRARY

SFPL - 15

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

Excelsior Branch

Neighbors of the Excelsior/NOTE McLaren Task Force - Jo Coffey
248 Dublin, S.F., CA 94112; TEL: 585-6506
Wed 3/29 & Thurs 6/15/95: 6:30-8:45 pm
Expiration date: 06/16/95

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, S.F., CA 94112; TEL: 334-1302
3/15 & 4/19: 7-8:45 pm
Expiration date: 04/20/95

DOCUMENTS DEPT.
MAR 10 1995
SAN FRANCISCO
PUBLIC LIBRARY

Noe Valley Branch

Study Group - Bernard Corry
838 Duncan St, S.F., CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Project Read - Amy Differding
Main Library, Civic Ctr, S.F., CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/18/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, S.F., CA 94117; TEL: D 255-1180/E 648-3174
1st Wednesdays: 7 pm
Expiration date: 04/06/95

S.F. Bicycle Coalition (SFBC) - David Snyder
1949 Page St, S.F., CA 94117; TEL: 863-1701/252-9119
Mon 3/13/95: 7-10 pm
Expiration date: 03/14/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22 & Tues 5/23/95: 6-10 pm
Expiration date: 05/24/95

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 5/4/95: 7-9 pm
Expiration date: 05/05/95

Partners in Business - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
Wed 3/29, 4/26 & 5/24/95: 7-8:30 pm
Expiration date: 05/25/95

Potrero Branch

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, S.F., CA 94112; TEL: 469-7924
1st Saturdays: 1-6 pm
Expiration date: 04/02/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesdays: 1 pm
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 06/30/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 pm
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

SF
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3/31/95

MAR 31 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SFPL-15
(5/92)

Application Date: 2/27/95

NOTE: *Complete this form in duplicate and submit with organization literature to Manager of Requested Facility.*

Dates Requested: Mar 11 (2-4:30), Apr 8 (2:00-4:30)	Time Requested: May 13 (12-2:30)
Facility: Western Addition	Attendance Expected: 15-20
Describe event or purpose of meeting: Business meetings	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: United We Stand America	Non-Profit: Yes ☑ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Citizen education on goverment, ~~business meetings~~	
Primary Contact Person Applying: DAVID WIESNER	Position in Group: CHAPTER CHAIR
Full Mailing Address: 1865 Bush St #201 San Francisco, CA 94109	
Day Phone: 415/346-4320	Evening Phone: same
Secondary Contact Person: WILL CLARK	Position in Group: CHAPTER CHAIR ELECT
Full Mailing Address: 1379 9th Avenue San Francisco, CA 94122	
Day Phone: (415) 954-4400 x 2541	Evening Phone: (415) 566-0629

CONDITIONS FOR USE: Insurance required? Yes ☐, No ☒. If yes, attach insurance rider.

I certify I have read the meeting room rules and Waiver of Liability and agree to all provision of the above:

David Wiesner *(signature)*

FOR DEPARTMENT USE ONLY

EXPIRATION DATE: _____

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ initials of authorizing authority

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

DOCUMENTS DEPT.
APR 3 1995
SAN FRANCISCO
PUBLIC LIBRARY

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackson

1/5/8

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MAR 6 1995
(Adopted 9/13/93)

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

Expiration Date: 3/14/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Monday March 13	Time Requested: 7 -10 p.m.
Meeting: PARK	Attendance Expected: 11
Describe event or purpose of meeting: Board mtg. of advocacy group.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: S.F. Bicycle Coalition (SFBC)	Non-Profit: punching Yes ☒ No ☐
Purpose of Group/Type of Activities to Take Place in the Library: promote the bicycle for everyday transportation	
Primary Contact Person: David Snyder	Position in Group: Executive Director
Full Mailing Address: 1949 Page Street 94117	
Day Phone: 863-1701 or 252-9119 (M&T)	Evening Phone: 668-2406
Secondary Contact Person: Lucinda Means	Position in Group:
Full Mailing Address: 1654 A Page 94117	
Day Phone: 395-8067	Evening Phone: 241-9090

by phone

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

SFBC *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the SFBC *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on SFBC *(group or organization)*, its agents or employee.

SFBC *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting/room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

David H Snyder *(signature)* 3/3 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: RV (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $____ rec'd/waived by: ____
Key Deposit: $____ rec'd/waived by: ____
Janitorial: $____ rec'd/waived by: ____

MG 3/6/95

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: ____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

DOCUMENTS DEPT.
MAR 7 1995
SAN FRANCISCO
PUBLIC LIBRARY

SFPL - 15

SF
P75
#31a
3/16/95

MAR 16 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SFPL-15
(6/9/92)

Application Date: 3/14/95

NOTE: *Complete this form in duplicate and submit with organization literature to Manager of Requested Facility.*

Dates Requested: Every Tuesday	Time Requested: 2:00-400 P.M.
Facility: Meeting Room	Attendance Expected: 6
Describe event or purpose of meeting: Playreading Group	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Playreading Group	Non-Profit: Yes ⊗ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Read plays out loud.	
Primary Contact Person: Saul Fenster	Position in Group: Organizer
Full Mailing Address: 520 Day St., S.F., Ca. 94131-2211	
Day Phone: 647-2483	Evening Phone: Same
Secondary Contact Person: Connie Maracle	Position in Group: Co-organizer
Full Mailing Address: 520 Day St., S.F., Ca. 94131-2211	
Day Phone: 821-1538	Evening Phone: Same

CONDITIONS FOR USE: Insurance required? Yes ☐, No ☒. If yes, attach insurance rider.

I certify that I have read the meeting room rules and Waiver of Liability and agree to all provision of the above:

Saul Fenster *(signature)*

FOR DEPARTMENT USE ONLY

DOCUMENTS DEPT.
MAR 20 1995
SAN FRANCISCO
PUBLIC LIBRARY

EXPIRATION DATE: _____

SPECIAL AUTHORIZATION:

OK
MGD
3/17

REFRESHMENTS: _____ initials of authorizing authority
FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Roberta Lee

Jane Hudson
B/S/D

SF
P75
#31a
3-3-95

MAR 3 1995 Exp 4/95

10 EXCELSIOR BRANCH
SAN FRANCISCO PUBLIC LIBRARY

REQUEST FOR USE OF PUBLIC MEETING ROOMS

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: FINANCIAL FITNESS CENTER, AFFILIATE OF FINANCIAL FREEDOM FOUNDATION 501(C)(3) NON PROFIT ORGANIZATION

PURPOSE OF ORGANIZATION: TO EDUCATE GRASSROOTS SOCIETY ON THE IMPORTANCE OF BECOMING DEBT-FREE

TYPE OF ACTIVITIES taking place in the Library: FREE SEMINAR

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: AURORA MOYRONG

ADDRESS: 2720 San Jose Ave, San Francisco, Ca 94112

TELEPHONE: (415) 334-1302

OFFICIAL CAPACITY: DIRECTOR

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: AURORA MOYRONG Telephone: (415) 334-1302

NAME: Telephone:

SPACE REQUESTED: MEETING ROOM

DATE(S): MARCH 15 + APRIL 19 Hours: 7:00 to ~~9:00~~ 8:45

APPROXIMATE ATTENDANCE: 20-30

OTHER INFORMATION:

* *

This form is to be completed and returned to:

approved; J Goldman

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

In case of Branch Library, return to the Librarian in charge of the Branch where space is requested.

mes 3/6/95

For further information on Branch meeting facilities call:

558-3602

DOCUMENTS DEPT.
MAR 7 1995
SAN FRANCISCO
PUBLIC LIBRARY

SFPL-15 (11/82)

MAR 10 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 3/24/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Thursdays, March 16 + 23	Time Requested: 7-8 pm
Facility: Park Branch Meeting Room	Attendance Expected:
Describe event or purpose of meeting: Free meditation classes	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Sri Chinmoy Centre	Non-Profit: Yes ✓ No ○
Purpose of Group/Type of Activities to Take Place in the Library: We sponsor free meditation classes, concerts, and races for peace as community service events.	
Primary Contact Person: Lisa Stortstrom	Position in Group: Member / Public Relations
Full Mailing Address: 1895 8th Ave #2, S.F., CA 94122	
Day Phone: (415) 552-2443	Evening Phone: (415) 661-8059
Secondary Contact Person: Markus Bohuzerisky	Position in Group: Member
Full Mailing Address: 529 Morgan Street, SF, CA 94102	
Day Phone: (415) 552-2443	Evening Phone: (415) ~~[illegible]~~ 564-2161

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

The Sri Chinmoy Centre *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* Lisa Stortstrom 3/9/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

OK MGR

DOCUMENTS DEPT.
MAR 13 1995
SAN FRANCISCO
PUBLIC LIBRARY

SFPL - 15

Excelsior Branch

Neighbors of the Excelsior/NOTE McLaren Task Force - Jo Coffey
248 Dublin, S.F., CA 94112; TEL: 585-6506
Wed 3/29 & Thurs 6/15/95: 6:30-8:45 pm
Expiration date: 06/16/95

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, S.F., CA 94112; TEL: 334-1302
3/15 & 4/19: 7-8:45 pm
Expiration date: 04/20/95

Noe Valley Branch

Study Group - Bernard Corry
838 Duncan St, S.F., CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Project Read - Amy Differding
Main Library, Civic Ctr, S.F., CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/18/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, S.F., CA 94117; TEL: D 255-1180/E 648-3174
1st Wednesdays: 7 pm
Expiration date: 04/06/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22 & Tues 5/23/95: 6-10 pm
Expiration date: 05/24/95

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 5/4/95: 7-9 pm
Expiration date: 05/05/95

Partners in Business - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
Wed 3/29, 4/26 & 5/24/95: 7-8:30 pm
Expiration date: 05/25/95

Potrero Branch

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, S.F., CA 94112; TEL: 469-7924
1st Saturdays: 1-6 pm
Expiration date: 04/02/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesdays: 1 pm
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 06/30/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 pm
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

MAR 2 1995
MAR 10 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: March 25, 1995	Time Requested: 9:00-12:30pm
Facility: BAYVIEW- WADEN #13	Attendance Expected: 34
Describe event or purpose of meeting: Telling real estate agents how to help low income people qualify for Bank Loans	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: San Francisco Board of Realtors	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: promote fairness & equality in San Francisco housing	
Primary Contact Person: Hebba M. Middleton	Position in Group: President
Full Mailing Address: 247 Molten St SF 94110	
Day Phone: 387-1710	Evening Phone: 282-2774
Secondary Contact Person: Warrene Clifton	Position in Group: Vice President
Full Mailing Address: 534 Victoria St SF	
Day Phone: 476-3155	Evening Phone: 334-1729

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

San Fran Board of Realtors *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the SFBOR *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on SFBOR *(group or organization)*, its agents or employee.

SFBOR *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Hebba Middleton *(signature)* 2/15/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Vicki Prima - Children's Librarian

DOCUMENTS DEPT
MAR 13 1995
SAN FRANCISCO
PUBLIC LIBRARY

mgm 3/10/95

SFPL - 15

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3-10-95

MAR 10 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 3/29/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 3/28/95	Time Requested: 5:00pm
Facility: Park Branch Library	Attendance Expected: 25
Describe event or purpose of meeting: Bi-monthly partnership meeting of NIT-AMP	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Neighborhoods In Transition - A Multicultural Partnership	Non-Profit: Yes ☑ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Discussion meeting	
Primary Contact Person: Donna Gouse	Position in Group: Organizer
Full Mailing Address: 409 Clayton St.	
Day Phone: 621-9553	Evening Phone: 564-8757
Secondary Contact Person: Darryl Inaba - H.A. Free Clinics	Position in Group: Partnership chair
Full Mailing Address: 409 Clayton St.	
Day Phone: 565-1985	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

NIT-AMP *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the NIT-AMP *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on NIT-AMP *(group or organization)*, its agents or employee.

NIT-AMP *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Donna Gouse *(signature)* 3/8/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

DOCUMENTS DEPT.
MAR 13 1995
SAN FRANCISCO
PUBLIC LIBRARY

3/10/95

FEB 23 1995

SAN FRANCISCO PUBLIC LIBRARY EXCELSIOR BRANCH 10/70

Request for Use of Public Meeting Rooms

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: NEIGHBORS OF THE EXCELSIOR (NOTE) McLAREN TASK FORCE

PURPOSE OF ORGANIZATION: NEIGHBORHOOD GROUP.

TYPE OF ACTIVITIES taking place in the Library: MEETING TO DISCUSS WAYS TO INCREASE NEIGHBORHOOD USE OF McLAREN PARK

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: Jo COFFEY

ADDRESS: 248 DUBLIN SAN FRANCISCO 94112

TELEPHONE: 585-6506

OFFICIAL CAPACITY: NOTE BOARD MEMBER

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: Jo COFFEY Telephone: 974-2864 (DAYS) 585-6506 (EVES)

NAME: MARION AIRD Telephone: 333-6624

SPACE REQUESTED: EXCELSIOR LIBRARY MEETING ROOM

DATE(S): JUNE 15 3/29/95 Hours: 6:30 PM to 8:45 PM

APPROXIMATE ATTENDANCE: 20 PEOPLE

OTHER INFORMATION:

****

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

In case of Branch Library, return to the Librarian in charge of the branch where space is requested.

For further information call: 558-3602

Approved; Joan Goldman

OK MGP 2/24

SFPL - 15 Rev.

DOCUMENTS DEPT.
FEB 28 1995
SAN FRANCISCO
PUBLIC LIBRARY

Jane Hudson
B/S/D

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

MAR 6 1995
(Adopted 9/15/92)

Expiration Date: May 25

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Mar 29, April 26th, May 24	Time Requested: 7-8:30
Facility: PARK	Attendance Expected: 10-20 people
Describe event or purpose of meeting: Providing information to aspiring business owners	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Partners in Business	Non-Profit: Yes ○ No ☑
Purpose of Group/Type of Activities to Take Place in the Library: Network and sharing of information on business ownership	
Primary Contact Person: Marquet Remsch	Position in Group:
Full Mailing Address: 10285 San Pablo Ave El Cerrito, Ca 94530	
Day Phone: 510 526 4081 / ~~415/626-9327~~	Evening Phone: 415-626-9327
Secondary Contact Person: Bill House	Position in Group:
Full Mailing Address: Same	
Day Phone: ~~415/991-673~~ 415/474-3562	Evening Phone: 415/991-1673

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

P. in B *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the P in B *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on P. in B *(group or organization)*, its agents or employee.

P. in B *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

M Remsch *(signature)* 2/28/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

MGO 3/7/95

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Orsie

DOCUMENTS DEPT.
MAR 7 1995
SAN FRANCISCO
PUBLIC LIBRARY

SFPL - 15

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

03/30/95

Excelsior Branch

Neighbors of the Excelsior/NOTE McLaren Task Force - Jo Coffey
248 Dublin, S.F., CA 94112; TEL: 585-6506
Wed 3/29 & Thurs 6/15/95: 6:30-8:45 pm
Expiration date: 06/16/95

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, S.F., CA 94112; TEL: 334-1302
3/15 & 4/19: 7-8:45 pm
Expiration date: 04/20/95

Noe Valley Branch

Study Group - Bernard Corry
838 Duncan St, S.F., CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Project Read - Amy Differding
Main Library, Civic Ctr, S.F., CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

DOCUMENTS DEPT.
MAR 31 1995
SAN FRANCISCO
PUBLIC LIBRARY

Playreading Group - Saul Fenster
520 Day St, S.F., CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/18/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, S.F., CA 94117; TEL: D 255-1180/E 648-3174
1st Wednesdays: 7 pm
Expiration date: 04/06/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22 & Tues 5/23/95: 6-10 pm
Expiration date: 05/24/95

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 5/4/95: 7-9 pm
Expiration date: 05/05/95

Partners in Business - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
Wed 3/29, 4/26 & 5/24/95: 7-8:30 pm
Expiration date: 05/25/95

Potrero Branch

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, S.F., CA 94112; TEL: 469-7924
1st Saturdays: 1-6 pm
Expiration date: 04/02/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesdays: 1 pm
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 06/30/95

Potrero Hill Parents Assoc. (PHPA) - Linda James
1036 Tennessee St, S.F., CA 94107; TEL: 285-3266
Sat 5/20/95: 12-4 or 1-5 pm
Expiration date: 05/21/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 pm
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SFPL-15
(5/92)

Application Date: 28 MARCH 1995

NOTE: *Complete this form in duplicate and submit with organization literature to Manager of Requested Facility.*

Dates Requested: 4 APRIL 1995	Time Requested: 4 - 6 PM
Facility: WESTERN ADDITION MTG. RM.	Attendance Expected: 10
Describe event or purpose of meeting: TEACHERS' ORGANIZATION BUSINESS MTG.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: SAN FRANCISCO EDUCATION FUND	Non-Profit: Yes ◉ No ○
Purpose of Group/Type of Activities to Take Place in the Library: MEETING	
Primary Contact Person Applying: CEDRIC BROWN	Position in Group: PROGRAM ASSOCIATE
Full Mailing Address: ONE ECKER ST., SUITE 250, SAN FRANCISCO 94105	
Day Phone: (415) 512-1465	Evening Phone: (415) 282-2975
Secondary Contact Person: KEN GALLEGOS	Position in Group: PROGRAM DIRECTOR
Full Mailing Address: (SAME AS ABOVE)	
Day Phone:	Evening Phone: —

CONDITIONS FOR USE: Insurance required? Yes ☐, No ☐. If yes, attach insurance rider.

I certify I have read the meeting room rules and Waiver of Liability and agree to all provision of the above:

Cedric Brown *(signature)*

FOR DEPARTMENT USE ONLY

EXPIRATION DATE: _____

SPECIAL AUTHORIZATION:

OK
mlyo

REFRESHMENTS: _____ initials of authorizing authority
FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

DOCUMENTS DEPT.
MAR 31 1995
SAN FRANCISCO
PUBLIC LIBRARY

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackson

MAR 24 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: April 5	Time Requested: eve 6-8 pm
Facility: POTRERO BRANCH	Attendance Expected: 5-10
Describe event or purpose of meeting: meeting to plan photo exhibit	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: CCAC photographer friends	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: we are a group of photographers who want to put together an exhibition looking at racial stereotypes.	
Primary Contact Person: Bruce Akizuki	Position in Group: Co-coordinator
Full Mailing Address: 1840 Sutter St #102 S.F. CA 94115	
Day Phone: 922-8700 or (510) 532-0520	Evening Phone:
Secondary Contact Person: Terry Taylor	Position in Group:
Full Mailing Address:	
Day Phone:	Evening Phone: (510) 836-3035

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

CCAC photographer friends *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Bruce Akizuki *(signature)* 3-23-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

DOCUMENTS DEPT.
MAR 31 1995
SAN FRANCISCO PUBLIC LIBRARY

SFPL - 15

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

04/06/95

Excelsior Branch

Neighbors of the Excelsior/NOTE McLaren Task Force - Jo Coffey
248 Dublin, S.F., CA 94112; TEL: 585-6506
Wed 3/29 & Thurs 6/15/95: 6:30-8:45 pm
Expiration date: 06/16/95

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, S.F., CA 94112; TEL: 334-1302
3/15 & 4/19: 7-8:45 pm
Expiration date: 04/20/95

Noe Valley Branch

Study Group - Bernard Corry
838 Duncan St, S.F., CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Project Read - Amy Differding
Main Library, Civic Ctr, S.F., CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Playreading Group - Saul Fenster
520 Day St, S.F., CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/18/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22 & Tues 5/23/95: 6-10 pm
Expiration date: 05/24/95

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 5/4/95: 7-9 pm
Expiration date: 05/05/95

Partners in Business - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
Wed 3/29, 4/26 & 5/24/95: 7-8:30 pm
Expiration date: 05/25/95

Raelian Movement - Felix Clairvoyant
PO Box 60161, Palo Alto, CA 94306; TEL: D 306-7725/E 856-4055
Thurs 4/20/95: 7-10 pm
Expiration date: 04/21/95

Potrero Branch

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesdays: 1 pm
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 06/30/95

Potrero Hill Parents Assoc. (PHPA) - Linda James
1036 Tennessee St, S.F., CA 94107; TEL: 285-3266
Sat 5/20/95: 12-4 or 1-5 pm
Expiration date: 05/21/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 pm
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

United We Stand America - David Wiesner
1865 Bush St #201, S.F., CA 94109; TEL: 346-4320
Sat 4/8/95: 2-4:30 pm
Expiration date: 04/09/95

APR 21 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 2nd Wed of the Month	Time Requested: 7-9PM
Facility: POTRERO BRANCH	Attendance Expected: 9 people (all Board Members)
Describe event or purpose of meeting: A monthly board meeting for the purpose of conducting the business of Stars King Park (Also open to the public)	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Stars King Park's Bd of Directors	Non-Profit: Yes ✓ No ○
Purpose of Group/Type of Activities to Take Place in the Library: To take care of Stars King Park	
Primary Contact Person: JANIE FAY	Position in Group: President
Full Mailing Address: 96 Caire Terrace 94107	
Day Phone: 2854743	Evening Phone: Same
Secondary Contact Person: Cesar Sabra	Position in Group: Vice President
Full Mailing Address:	
Day Phone: 824 2013	Evening Phone: 824 2013.

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

Stars King Park Bd of Directors *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the S.K.P. Bd of Directors *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Stars King Park Bd of Directors *(group or organization)*, its agents or employee.

Stars King Park Bd of Directors *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Jane Fay *(signature)* 4/11/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority). OK mgs

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Tobe Knight

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SAN FRANCISCO PUBLIC LIBRARY

SFPL - 15

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

04/14/95

Bayview Branch

Bayview-Hunter's Point Family Daycare Support Grp. - Doris Landry
3450 Third St, Suite 200, S.F., CA 94124; TEL: 920-7280
Wed 6/7/95: 7-9 pm
Expiration date: 07/08/95

Excelsior Branch

Neighbors of the Excelsior/NOTE McLaren Task Force - Jo Coffey
248 Dublin, S.F., CA 94112; TEL: 585-6506
Wed 3/29 & Thurs 6/15/95: 6:30-8:45 pm
Expiration date: 06/16/95

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, S.F., CA 94112; TEL: 334-1302
3/15 & 4/19: 7-8:45 pm
Expiration date: 04/20/95

Noe Valley Branch

Study Group - Bernard Corry
838 Duncan St, S.F., CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Project Read - Amy Differding
Main Library, Civic Ctr, S.F., CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Playreading Group - Saul Fenster
520 Day St, S.F., CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thurs/except 4th Thurs in 4/95: 1-3 pm
Expiration date: 08/18/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22 & Tues 5/23/95: 6-10 pm
Expiration date: 05/24/95

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 5/4/95: 7-9 pm
Expiration date: 05/05/95

Partners in Business - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
Wed 3/29, 4/26 & 5/24/95: 7-8:30 pm
Expiration date: 05/25/95

Raelian Movement - Felix Clairvoyant
PO Box 60161, Palo Alto, CA 94306; TEL: D 306-7725/E 856-4055
Thurs 4/20/95: 7-10 pm
Expiration date: 04/21/95

Potrero Branch

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesdays: 1 pm
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 06/30/95

Potrero Hill Parents Assoc. (PHPA) - Linda James
1036 Tennessee St, S.F., CA 94107; TEL: 285-3266
Sat 5/20/95: 12-4 or 1-5 pm
Expiration date: 05/21/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 pm
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

04/20/95

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SAN FRANCISCO
PUBLIC LIBRARY

Bayview Branch

Bayview-Hunter's Point Family Daycare Support Grp. - Doris Landry
3450 Third St, Suite 200, S.F., CA 94124; TEL: 920-7280
Wed 6/7/95: 7-9 pm
Expiration date: 07/08/95

Excelsior Branch

Neighbors of the Excelsior/NOTE McLaren Task Force - Jo Coffey
248 Dublin, S.F., CA 94112; TEL: 585-6506
Wed 3/29 & Thurs 6/15/95: 6:30-8:45 pm
Expiration date: 06/16/95

Logistical ITC - Georgia Young
324 Laidley St, S.F., CA 94131; TEL: 333-4954
Sat 5/20/95: 1-4 pm
Expiration date: 05/21/95

Noe Valley Branch

Study Group - Bernard Corry
838 Duncan St, S.F., CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Project Read - Amy Differding
Main Library, Civic Ctr, S.F., CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

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PUBLIC LIBRARY

Playreading Group - Saul Fenster
520 Day St, S.F., CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
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628 Ashbury St, S.F., CA 94117; TEL: 431-1414
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Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 5/4/95: 7-9 pm
Expiration date: 05/05/95

Partners in Business - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
Wed 3/29, 4/26 & 5/24/95: 7-8:30 pm
Expiration date: 05/25/95

Raelian Movement - Felix Clairvoyant
PO Box 60161, Palo Alto, CA 94306; TEL: D 306-7725/E 856-4055
Thurs 4/20/95: 7-10 pm
Expiration date: 04/21/95

Potrero Branch

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesdays: 1 pm
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 06/30/95

Potrero Hill Parents Assoc. (PHPA) - Linda James
1036 Tennessee St, S.F., CA 94107; TEL: 285-3266
Sat 5/20/95: 12-4 or 1-5 pm
Expiration date: 05/21/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
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Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

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APR 19 1995

SAN FRANCISCO PUBLIC LIBRARY

REQUEST FOR USE OF PUBLIC MEETING ROOMS

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: LOGISTICAL ITC

PURPOSE OF ORGANIZATION: SELF DEVELOPEMENT, PARLIAMENTARY PROCEDURE, PROTOCOL

TYPE OF ACTIVITIES taking place in the Library: WORKSHOP-EDUCATION SUBJETS, DISCUSSIONS

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: GEORGIA L YOUNG

ADDRESS: 324 LAIDLEY STREET, SAN FRANCISCO, CA 94131

TELEPHONE: 415 333 4954

OFFICIAL CAPACITY: 15

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: SHARON KELLEY Telephone: 753-5337

NAME: ANNIE TATUM Telephone:

SPACE REQUESTED:

DATE(S): ~~APRIL 19, 1995~~ 5-20-95 Hours: 1 PM to 4 PM

APPROXIMATE ATTENDANCE: 10

OTHER INFORMATION:

* *

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

In case of Branch Library, return to the Librarian in charge of the Branch where space is requested.

approved: A. Goldman OK MG

For further information on Branch meeting facilities call:

558-3602

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APR 20 1995
SAN FRANCISCO
PUBLIC LIBRARY

SFPL-15 (11/82)

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

APR 6 1995

(Adopted 9/15/92)

Expiration Date: APRIL 21, 1995

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: APRIL 20, 1995	Time Requested: 7:00PM - 10:00PM
Facility: PARK BRANCH	Attendance Expected:
Describe event or purpose of meeting: INFORMATIVE AND EDUCATIONAL VIDEO AND LECTURE	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: RAELIAN MOVEMENT	Non-Profit: Yes ○ No ☒
Purpose of Group/Type of Activities to Take Place in the Library: TO EDUCATE ABOUT MOVEMENT / VIDEO AND ANSWERING OF QUESTIONS	
Primary Contact Person: FELIX CHAIRVOYANT	Position in Group: MAIN ORGANIZER
Full Mailing Address: P.O. BOX 60161, PALO ALTO, CA 94306-0161	
Day Phone: 306-7725	Evening Phone: 856-4055
Secondary Contact Person: KAZUE HESSLING	Position in Group: MEMBER
Full Mailing Address: 3005 SACRAMENTO ST. #3 SAN FRANCISCO CA 94115	
Day Phone: 292-7277	Evening Phone: SAME

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

RAELIAN MOVEMENT *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the R. M. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on R. M. *(group or organization)*, its agents or employee.

R. M. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Kazue Hessling *(signature)* April 05, 1995 *(date)*.

DR MGS

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Ore

SFPL - 15

5 PARK

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

APR 12 1995 (Adopted 9/15/92)

Expiration Date: June 1, 1995

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: APR 25 / MAY 31	Time Requested: 7 pm
Facility: Park Branch Meeting Rm	Attendance Expected: 40 people
Describe event or purpose of meeting: Haight Ashbury Street Fair community meeting	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Haight Ashbury Street Fair	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Produce Haight Ashbury Street Fair	
Primary Contact Person: Pablo Heising	Position in Group: Producer
Full Mailing Address: 851 Ashbury SF, Calif 94117	
Day Phone: 661-8025	Evening Phone: SAME
Secondary Contact Person: Robert Leon	Position in Group:
Full Mailing Address: 1496 Waller SF, Calif 94117	
Day Phone: 626-5537	Evening Phone: Same

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

H.A. Street Fair *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the H.A. Street Fair *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on H.A. Street Fair *(group or organization)*, its agents or employee.

H.A. Street Fair *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Paul Heising (Pablo Heising) *(signature)* 4/11/95 *(date)*.

SPECIAL AUTHORIZATION:

DOCUMENTS DEPT. of mar 95

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

APR 12 1995 SAN FRANCISCO PUBLIC LIBRARY

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Rudy S. Vose

SFPL - 15

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

04/28/95

Bayview Branch

Bayview-Hunter's Point Family Daycare Support Grp. - Doris Landry
3450 Third St, Suite 200, S.F., CA 94124; TEL: 920-7280
Wed 6/7/95: 7-9 pm
Expiration date: 07/08/95

Excelsior Branch

Neighbors of the Excelsior/NOTE McLaren Task Force - Jo Coffey
248 Dublin, S.F., CA 94112; TEL: 585-6506
Wed 3/29 & Thurs 6/15/95: 6:30-8:45 pm
Expiration date: 06/16/95

Logistical ITC - Georgia Young
324 Laidley St, S.F., CA 94131; TEL: 333-4954
Sat 5/20/95: 1-4 pm
Expiration date: 05/21/95

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Human Future Newspaper - Trudi Richards
641 Excelsior Ave, S.F., CA 94112; TEL: 586-2217
Tuesdays 5/9 through 6/20/95: 4-5:30 pm
Expiration date: 06/21/95

Local 250 - Healthcare Workers Union - Steve Walters
560 - 20th St, Oakland, CA 94612; TEL: 510-251-1250
Wed 5/17/95: 1:30-4:30 pm
Expiration date: 05/18/95

Noe Valley Branch

Study Group - Bernard Corry
838 Duncan St, S.F., CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Project Read - Amy Differding
Main Library, Civic Ctr, S.F., CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Playreading Group - Saul Fenster
520 Day St, S.F., CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thurs/except 4th Thurs in 4/95: 1-3 pm
Expiration date: 08/18/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22 & Tues 5/23/95: 6-10 pm
Expiration date: 05/24/95

Park Police Station Community Relations Meeting - Sgt. Mark Porto
Park Police Station, S.F., CA 94117; TEL: D 553-1061/E 753-7292
Thurs 5/4/95: 7-9 pm
Expiration date: 05/05/95

Partners in Business - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
Wed 3/29, 4/26 & 5/24/95: 7-8:30 pm
Expiration date: 05/25/95

Summerbridge San Francisco - Amy Hassinger
716-A Clayton St, S.F., CA 94117; TEL: D 346-8400/E 731-1339
Sat 5/27/95: 2:30-4:30 pm
Expiration date: 05/28/95

Potrero Branch

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesdays: 1 pm
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 06/30/95

Potrero Hill Parents Assoc. (PHPA) - Linda James
1036 Tennessee St, S.F., CA 94107; TEL: 285-3266
Sat 5/20/95: 12-4 or 1-5 pm
Expiration date: 05/21/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, S.F., CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, S.F., CA 94107; TEL: D 282-3535/E 550-2347
5/10,31; 6/21; 7/19; 8/16; 9/6,27; 10/18: 1-3 pm
Expiration date: 10/19/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 pm
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

PARK

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

APR 12 1995

(Adopted 9/15/92)

Expiration Date: October 4, 1995

***NOTE:** Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: First Tuesday beginning May (except June)	Time Requested: 6:30-9:30
Facility: Park Branch mtg room	Attendance Expected: 15-40
Describe event or purpose of meeting: public meeting of bicycle advocacy group.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: (SFBC) San Francisco Bicycle Coalition	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: promote bikes for transportation / discussion, forums	
Primary Contact Person: Dave Snyder	Position in Group: Executive Director
Full Mailing Address: 1095 Market #215, 94103	
Day Phone: 431-2453	Evening Phone: 668-2406
Secondary Contact Person: Joel Pomerantz	Position in Group: Board member
Full Mailing Address: 2128 Hayes, 94117	
Day Phone: 221-8172	Evening Phone: same

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

SFBC *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the SFBC *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on SFBC *(group or organization)*, its agents or employee.

SFBC *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

David H. Snyder *(signature)* 4/11/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vega

DOCUMENTS DEPT.
APR 12 1995
SAN FRANCISCO PUBLIC LIBRARY

SFPL - 15

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

FEB 13 1995

(Adopted 9/15/92)

Expiration Date: 5-/5/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: THURS. Mar 4 95	Time Requested: 7:00 P.M TO 9:00 PM
Facility: PARK	Attendance Expected: 30-40
Describe event or purpose of meeting: QUATERLY POLICE COMMUNITY MEETING	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: PARK POLICE STATION COMM. RELATIONS MEETING	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: EXCHANGE VIEWS BETWEEN THE POLICE + COMMUNITY	
Primary Contact Person: SGT. MARK PORTO	Position in Group: COMM. RELATIONS COORDINATOR
Full Mailing Address: PARK POLICE STATION 875 STANYAN 94117	
Day Phone: 553-1061	Evening Phone: 753-7292
Secondary Contact Person: CAPT. ROBERT BERRY	Position in Group: CHAIR
Full Mailing Address: PARK POLICE STATION 875 STANYAN ST. 94117	
Day Phone: 553-1065	Evening Phone: 553-1061

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

PARK POLICE STATION *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the PARK POLICE STATION *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on PARK POLICE STATION *(group or organization)*, its agents or employee.

PARK POLICE STATION *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

X Sgt. Mark Porto *(signature)* 2/10/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Dole

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

05/05/95

Bayview Branch

Bayview-Hunter's Point Family Daycare Support Grp. - Doris Landry
3450 Third St, Suite 200, S.F., CA 94124; TEL: 920-7280
Wed 6/7/95: 7-9 pm
Expiration date: 07/08/95

Excelsior Branch

Neighbors of the Excelsior/NOTE McLaren Task Force - Jo Coffey
248 Dublin, S.F., CA 94112; TEL: 585-6506
Wed 3/29 & Thurs 6/15/95: 6:30-8:45 pm
Expiration date: 06/16/95

Logistical ITC - Georgia Young
324 Laidley St, S.F., CA 94131; TEL: 333-4954
Sat 5/20/95: 1-4 pm
Expiration date: 05/21/95

Human Future Newspaper - Trudi Richards
641 Excelsior Ave, S.F., CA 94112; TEL: 586-2217
Tuesdays 5/9 through 6/20/95: 4-5:30 pm
Expiration date: 06/21/95

Local 250 - Healthcare Workers Union - Steve Walters
560 - 20th St, Oakland, CA 94612; TEL: 510-251-1250
Wed 5/17/95: 1:30-4:30 pm
Expiration date: 05/18/95

Noe Valley Branch

Study Group - Bernard Corry
838 Duncan St, S.F., CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Project Read - Amy Differding
Main Library, Civic Ctr, S.F., CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Playreading Group - Saul Fenster
520 Day St, S.F., CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

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Existential Reading Group - Chris Yielding
1686 Great Hwy #4, S.F., CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

Park Branch

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
3rd Thurs/except 4th Thurs in 4/95: 1-3 pm
Expiration date: 08/18/95

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, S.F., CA 94117; TEL: 431-1414
Wed 2/22 & Tues 5/23/95: 6-10 pm
Expiration date: 05/24/95

Partners in Business - Margriet Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
Wed 3/29, 4/26 & 5/24/95: 7-8:30 pm
Expiration date: 05/25/95

Summerbridge San Francisco - Amy Hassinger
716-A Clayton St, S.F., CA 94117; TEL: D 346-8400/E 731-1339
Sat 5/27/95: 2:30-4:30 pm
Expiration date: 05/28/95

Neighborhoods in Transition (NIT-AMP) - Donna Gouse
409 Clayton St, S.F., CA 94117; TEL: D 621-9553/E 564-8757
Thurs 6/1/95: 7-9 pm
Expiration date: 06/02/95

Potrero Branch

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL: 824-7423
2nd Wednesdays: 1 pm
Expiration date: 05/11/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, S.F., CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 06/30/95

Potrero Hill Parents Assoc. (PHPA) - Linda James
1036 Tennessee St, S.F., CA 94107; TEL: 285-3266
Sat 5/20/95: 12-4 or 1-5 pm
Expiration date: 05/21/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, S.F., CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, S.F., CA 94107; TEL: D 282-3535/E 550-2347
5/10,31; 6/21; 7/19; 8/16; 9/6,27; 10/18: 1-3 pm
Expiration date: 10/19/95

Western Addition Branch

S.F. Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, S.F., CA 94110; TEL: D 342-1796/E 821-9783
Sat 2/4, 5/6 & 6/3/95: 1:30-3 pm
Expiration date: 06/04/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, S.F., CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, S.F., CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

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MAY 8 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 1st Sat of each Month	Time Requested: 1pm - 5pm
Facility: POTRERO BRANCH	Attendance Expected: 10 - 15
Describe event or purpose of meeting: Computer User Group	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Atari Bay Area Computer Users Society	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Computer Demos, User Support, Discussion	
Primary Contact Person: Roger Sinasohn	Position in Group: President
Full Mailing Address: 1034 Capitol Ave, SF, CA 94112	
Day Phone: 415 469-7924	Evening Phone: SAME
Secondary Contact Person: Bill Severy	Position in Group: Editor
Full Mailing Address: 2047 35th Ave, SF, CA 94116	
Day Phone: (415) 664-0850	Evening Phone: (415) 664-0850

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

ABACUS *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the ABACUS *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on ABACUS *(group or organization)*, its agents or employee.

ABACUS *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Roger Sinasohn *(signature)* 5-6-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK
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☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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4/26/95

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

APR 26 1995
(Adopted 9/15/92)

Expiration Date: 6-30-95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Tuesday afternoons May 9 - June 21	Time Requested: 4-5:30 pm
Facility: EXCELSIOR BRANCH	Attendance Expected: 10
Describe event or purpose of meeting: highschool journalism group	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Human Future Newspaper	Non-Profit: Yes ○ No ☑
Purpose of Group/Type of Activities to Take Place in the Library: writing group to publish teen section of paper	
Primary Contact Person: Trudi Richards	Position in Group: Editor
Full Mailing Address: 641 Excelsior Ave SF 94112	
Day Phone: 586-2217	Evening Phone: same
Secondary Contact Person: Janet Shirley	Position in Group: co-facilitator
Full Mailing Address:	
Day Phone: ~~2~~	Evening Phone: 334-2720

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

Human Future *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Human Future *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Human Future *(group or organization)*, its agents or employee.

Human Future *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Trudi Richards *(signature)* 4-25-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

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☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Holden

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OK
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MAR 27 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: ~~APRIL 12~~ MAY 10 . 1995	Time Requested: 7-9 PM
Facility: POTRERO BRANCH	Attendance Expected: 9 — 30
Describe event or purpose of meeting: MONTHLY MEETING OF STARR KING PARK BOARD	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: STARR KING PARK BOARD	Non-Profit: Yes ~~O~~ No O
Purpose of Group/Type of Activities to Take Place in the Library: TO PROMOTE THE COMMUNITY DEVELOPMENT OF STARR KING PARK	
Primary Contact Person: CHRISTOPHER SABRE	Position in Group: VICE PRESIDENT
Full Mailing Address: 2012-23RD ST	
Day Phone: 824.2013	Evening Phone: 824-2013
Secondary Contact Person: JANE FAY	Position in Group: PRESIDENT
Full Mailing Address:	
Day Phone:	Evening Phone: 285-4743

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employees.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* 25 March 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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To: Jane Hudson
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MAY 4 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: ~~5/10/95~~ 5/10 wednesday	Time Requested: 5:45 pm
Facility: WESTERN ADDITION BRANCH	Attendance Expected: 8-10
Describe event or purpose of meeting: Discussion of patient care issues with Healthcare workers	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Local 250, Healthcare workers union	Non-Profit: Yes ☑ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Small meeting with workers to discuss staffing problems	
Primary Contact Person: Eric Lerner	Position in Group: Lead Org
Full Mailing Address: 560 20th St Oakland CA 94612	
Day Phone: (510) 251-1250	Evening Phone:
Secondary Contact Person: Brook Demarle	Position in Group:
Full Mailing Address: same	
Day Phone: same	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

Local 250 *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Local 250 *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Local 250 *(group or organization)*, its agents or employee.

Local 250 *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* 5/3/95 *(date)*.

Joan Jackson (Approved)

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: May 10th, 31st, June 21st, July 19th, Aug 16th, Sept 6th, Sept 27th, Oct 18th	Time Requested: 1-3 pm
Facility: POTRERO BRANCH	Attendance Expected: 25
Describe event or purpose of meeting: Develop a neighborhood strategic plan for the use of all resources	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Strategic Planning Committe Potrero Hill Strategic Planning Committee	Non-Profit: Yes ○ No ☒
Purpose of Group/Type of Activities to Take Place in the Library: Developing neighborhood strategic plan. Developing neighborhood strategic plan	
Primary Contact Person: Jim Queen Jim Queen	Position in Group: Planner Planner
Full Mailing Address: 1060 Tennessee St S.F. CA 94107	
Day Phone: 282-3535	Evening Phone: 550-2347
Secondary Contact Person: Hamadi Walls HAMADI WALLS	Position in Group: Staff STAFF
Full Mailing Address: 1060 Tennessee St S.F. CA 94107	
Day Phone: 282-9082	Evening Phone: SAME

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Jim Queen *(signature)* 4-19-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

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SAN FRANCISCO PUBLIC LIBRARY

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☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Toba Singh

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SAN FRANCISCO PUBLIC LIBRARY

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

3RD Tues. beginning 5/16 May 16 3RD TUES

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: One weeknight per month (open)	Time Requested: 6P - 8:30P
Facility: NOE VALLEY BRANCH	Attendance Expected: 3 - 10
Describe event or purpose of meeting: Book reading group	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Existential Reading Group	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Read and discuss existential literature.	
Primary Contact Person: Chris Yiebling	Position in Group: Starter
Full Mailing Address: 1686 Great Hwy #4 San Francisco, Ca 94122	
Day Phone: (415) 661-2918	Evening Phone: Same
Secondary Contact Person: Mark Stephens	Position in Group: Starter
Full Mailing Address: 1169 Market #601 San Francisco, CA 94103	
Day Phone: (510)	Evening Phone: (415) 864-1826

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

E.R.G. *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the E.R.G. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on E.R.G. *(group or organization)*, its agents or employee.

E.R.G. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Chris Yiebling *(signature)* April 22nd, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Roberta Goeffer

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PUBLIC LIBRARY

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10 EXCELSIOR BRANCH
SAN FRANCISCO PUBLIC LIBRARY

REQUEST FOR USE OF PUBLIC MEETING ROOMS

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: Local 250 - HealthCare Workers Union

PURPOSE OF ORGANIZATION: Labor Union

TYPE OF ACTIVITIES taking place in the Library: Union Meeting

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: Steve Walters

ADDRESS: 560 - 20th St. Oakland CA 94612

TELEPHONE: (510) 251-1250

OFFICIAL CAPACITY: Field Representative

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: Judith Kinsinger Telephone: (510) 869-2226

NAME: Charlie Ridgell Telephone: (510) 869-2222

SPACE REQUESTED:

DATE(S): 5/17/95 Hours: 1:30 to 4:30

APPROXIMATE ATTENDANCE: 25-35

OTHER INFORMATION:

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

In case of Branch Library, return to the Librarian in charge of the Branch where space is requested.

For further information on Branch meeting facilities call:

558-3602

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SAN FRANCISCO
PUBLIC LIBRARY

MAY 22 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 12-31-95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 3rd Wed evening each mo.	Time Requested: 6:30-8:30
Facility: WESTERN ADDITION BRANCH	Attendance Expected: 15-20
Describe event or purpose of meeting: Support/Self-Help for Persons who have Multiple Sclerosis	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: San Francisco Forum MS Support	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: discussion, occasional film	
Primary Contact Person: Paul Flavell	Position in Group: Leader (Emeritus)
Full Mailing Address: P.O. Box 31374 S.F. CA 94131-0374	
Day Phone: 334-1631	Evening Phone: 334-1631
Secondary Contact Person: Dolores Maso	Position in Group: Treasurer
Full Mailing Address: P.O. Box 31374 S.F. CA 94131-0374	
Day Phone: 467-6186	Evening Phone: 467-6186

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Paul Flavell *(signature)* May 5, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: ~~Joan Jackson~~ Joan Jackson

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: MAY 18, 1995	Time Requested: 10: AM
Facility: BAYVIEW - A.E. WADEN BRANCH #13	Attendance Expected: 20
Describe event or purpose of meeting: COLLABORATIVE MEETING	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: SOUTHEAST FAMILY SUPPORT NETWORK	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: MONTHLY MEETING	
Primary Contact Person: CAHEED MAXINE ELLIS	Position in Group: COORDINATOR
Full Mailing Address: 4918 THIRD STREET	
Day Phone: 822-9144	Evening Phone: 824-5612
Secondary Contact Person: CAHEED SHIRLEY JONES	Position in Group: CHAIRPERSON
Full Mailing Address: 4918 THIRD STREET	
Day Phone: 822-9144	Evening Phone: 467-0537

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

CAHEED, INC *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the SEFSN *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on CAHEED / SEESN *(group or organization)*, its agents or employee.

CAHEED / SEFSN *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Maxine Ellis *(signature)* May 9, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Lorraine Brooks Burton

SFPL - 15

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: May 24, 1995

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: May 23, 1995	Time Requested: 6:00 p.m. to 10:00 p.m.
Facility: Park Branch Community Room	Attendance Expected: 40 - 60 people
Describe event or purpose of meeting: Discussion of community issues, usually with guest speakers.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Cole Valley Improvement Association	Non-Profit: Yes ⊗ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Discussions of community issues	
Primary Contact Person: Karen Crommie	Position in Group: President
Full Mailing Address: 628 Ashbury St., S.F. 94117	
Day Phone: (415) 431-1414	Evening Phone: (415) 431-1414
Secondary Contact Person: Doerte Murray	Position in Group: Treasurer
Full Mailing Address: 526 Clayton St., S.F., 94117	
Day Phone: 626-3607	Evening Phone: 626-3607

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

OK MGO 2/95

Cole Valley Improvement Assn *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Cole Valley Imp. Assn. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Cole Valley Imp. Assn. *(group or organization)*, its agents or employee.

Cole Valley Imp. Assn. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Karen Lynn Crommie *(signature)* Feb 7, 1993 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

MAY 4 1995
(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Starting 5/23 - 6/27 for 6 weeks	Time Requested: 7pm - 830 pm
Facility: EXCELSIOR BRANCH	Attendance Expected: 6 - 15 people
Describe event or purpose of meeting:	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Excelsior Voice	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: writers group for newsletter	
Primary Contact Person: Janet Shirley	Position in Group: coordinator
Full Mailing Address: 358 Paris St. SF 94112	
Day Phone: 964-3800	Evening Phone: 334-2720
Secondary Contact Person: Fernando Aranguiz	Position in Group: coordinator
Full Mailing Address: 641 Excelsior, S.F 94112	
Day Phone: 772-4486	Evening Phone: 469-9012

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

Excelsior Voice *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Excelsior Voice *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Excelsior Voice *(group or organization)*, its agents or employee.

Excelsior Voice *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Janet Shirley *(signature)* May 3, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Goldman

SFPL - 15

MAY 18 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 24 May 95	Time Requested: 6:30 - 9:00
Facility: POTRERO BRANCH	Attendance Expected: 15
Describe event or purpose of meeting: COALITION OF NEIGHBORHOOD ORGANIZATIONS	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: POTRERO BOOSTERS & MERCHANTS ASSOC	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: NEIGHBORHOOD ACTIVITIES	
Primary Contact Person: RICHARD C. MILLET	Position in Group: PRESIDENT
Full Mailing Address: 1459-18th St #133 SF 94107	
Day Phone: 861-0345	Evening Phone: 861-0345
Secondary Contact Person: BARBARA DREFKE	Position in Group: V.P
Full Mailing Address: 708 KANSAS	
Day Phone: 282-5919	Evening Phone: 282-5919.

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

POTRERO BOOSTERS & MERCHANTS ASSOC *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the POTRERO BOOSTERS *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on POTRERO BOOSTERS *(group or organization)*, its agents or employee.

POTRERO BOOSTERS & MERCHANTS ASSOC *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Richard C Millet *(signature)* 5/17/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

OK mg.

BY: BRANCH/MAIN MANAGER: _____

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SFPL - 15

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

APR 17 1995
(Adopted 9/15/92)

Expiration Date: May 28, 1995

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: May 27, 1995	Time Requested: 2:30 PM to 4:30 PM
Facility: 5 PARK	Attendance Expected: approx. 100 people
Describe event or purpose of meeting: Project Fair for Summerbridge - after school academic program	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Summerbridge San Francisco	Non-Profit: Yes ● No ○
Purpose of Group/Type of Activities to Take Place in the Library: Displaying / Presenting of Academic Projects	
Primary Contact Person: Amy Hassinger	Position in Group: Teaching Coordinator
Full Mailing Address: 716A Clayton St., SF, CA 94117	
Day Phone: (415) 346-8400	Evening Phone: (415) 731-1339
Secondary Contact Person: Tara Phillips	Position in Group: Director
Full Mailing Address: 3065 Jackson St, SF, CA 94115	
Day Phone: (415) 346-8400	Evening Phone: (415) 921-6939

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Summerbridge SF *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Summerbridge SF *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Summerbridge SF *(group or organization)*, its agents or employee.

Summerbridge SF *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Amy C. Hassinger *(signature)* 4/4/95 *(date)*.

REFRESHMENTS: RV (initials of authorizing authority).

SPECIAL AUTHORIZATION:

FEES PAID/WAIVED:
Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: June 2, 1995

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: June 1, 1995	Time Requested: 7:00 - 9:00 pm.
Facility: 5 PARK	Attendance Expected: 25-30
Describe event or purpose of meeting: Community forum on alcohol sales in the Haight Ashbury	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Neighborheeds In Transition - A Multicultural Partnership (NIT-AMP)	Non-Profit: Yes ☑ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Community forum on alcohol sales in the Haight Ashbury - panel discussion	
Primary Contact Person: Donna Grouse	Position in Group: Organizer
Full Mailing Address: 409 Clayton St., San Francisco, CA 94117	
Day Phone: 621-9553	Evening Phone: 564-8757
Secondary Contact Person: Anthony Von der Muhll	Position in Group: Organizer
Full Mailing Address: 409 Clayton St. San Francisco, CA 94117	
Day Phone: 621-9553	Evening Phone: 731-4519

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

NIT-AMP *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the NIT-AMP *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on NIT-AMP *(group or organization)*, its agents or employee.

NIT-AMP *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Donna Grouse *(signature)* 5/1/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

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☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Jose

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PUBLIC LIBRARY

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 11/18/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: alternate Fridays beginning 6/2/95, including 6/16, 6/30, 7/14, ... up to 6 months	Time Requested: 9pm - 11pm
Facility: 5 PARK	Attendance Expected: 60
Describe event or purpose of meeting: a live-action roleplaying game (group storytelling) - see description	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: The Dinner Party	Non-Profit: Yes ○ No ☒
Purpose of Group/Type of Activities to Take Place in the Library: "The Masquerade" is a roleplaying game. Please see attached description	
Primary Contact Person: Laura Shapiro	Position in Group: Member
Full Mailing Address: 4168 24th St. Apt. D SF 94114	
Day Phone: 626-6422	Evening Phone: 647-2790
Secondary Contact Person: Travis LaFave	Position in Group: Storytellers
Full Mailing Address: 1476 Grove Street SF 94117	
Day Phone: 928-2879	Evening Phone: same

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

The Dinner Party *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Dinner Party *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on the Dinner Party *(group or organization)*, its agents or employee.

The Dinner Party *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

[signature] *(signature)* May 20, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

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Laura Shapiro
4168 24th St. Apt. D
San Francisco, CA 94114
(415) 647-2790

The Dinner Party

"The Masquerade" is a live-action roleplaying game. Like most roleplaying games (such as Dungeons and Dragons), it is a way of gathering a group of people together for the purpose of telling a story. Unlike traditional roleplaying games, which are played around a table (or internet games played by computer), the story in "The Masquerade" is acted out by the costumed players. No rolling of dice is needed.

Our gaming group is called "The Dinner Party". The group is multicultural, and varies in age from teens to players in their mid-thirties. Some are experienced gamers; others are just beginning. Some players are trained actors or other theatre professionals; others have no performing experience. We are students, salespeople, artists, computer professionals; folks from all walks of life. We come together for a few hours every other Friday and do some improvisational acting, and bring the ancient art of group storytelling into our lives. Anyone is welcome to join.

Up to now, we've been playing under the dome at the Palace of Fine Arts. Though the atmosphere is wonderful, the weather can be brutal, and we have been looking for an indoor place to play. We're requesting use of the basement room of the Park Library, on alternate Fridays from about 9pm to 11pm. There are anywhere from 40 to 70 people who play regularly, all of whom would be very grateful to the Park Library for granting this request.

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SAN FRANCISCO PUBLIC LIBRARY

MAY 26 1995

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: the first SAT of every MONTH for 6 MTHS	Time Requested: 3-4:15
Facility: Presidio Branch Meeting Room	Attendance Expected: 3 to 8 people
Describe event or purpose of meeting: Help people to quit caffeine who have a DESIRE TO GIVE up CAFFEINE	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Cx Caffeine Anonymous	Non-Profit: Yes ✓ No ○
Purpose of Group/Type of Activities to Take Place in the Library: discuss problems we have had with caffeine: why we want to quit: AND how to quit caffe	
Primary Contact Person: SUSAN O'SULLIVAN	Position in Group: Co-SECRETARY
Full Mailing Address: 1350 WASHINGTON St Apt #30 SAN FRANCISCO, CA 94109-4156	
Day Phone: 346·2602	Evening Phone: 346·2602
Secondary Contact Person:	Position in Group:
Full Mailing Address:	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

Cx Caffeine ANONYMOUS *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Cx Caffeine ANONYMOUS *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on CxCaffein ANONYMOUS *(group or organization)*, its agents or employee.

Cx Caffeine ANONYMOUS *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Susan O'Sullivan *(signature)* May 25, 1995 *(date)*.

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SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

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SAN FRANCISCO
PUBLIC LIBRARY

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Catherine M Bremer

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APR 12 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: June 7, 1995	Time Requested: 7:00 - 9:00 p.m.
Facility: BAYVIEW- WADEN #13	Attendance Expected: 12
Describe event or purpose of meeting: Child Care Providers Meeting	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Bayview - Hunters Point Family Day Care Support Group	Non-Profit: Yes ○ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Meeting	
Primary Contact Person: Doris Landry	Position in Group: Coordinator
Full Mailing Address: 3450 Third Street - Suite 200	
Day Phone: (415) 920-7280	Evening Phone: (415) 920-7280
Secondary Contact Person:	Position in Group:
Full Mailing Address:	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Doris Landry *(signature)* April 11, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

DOCUMENTS DEPT.
APR 12 1995
SAN FRANCISCO PUBLIC LIBRARY

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Linda Burks Ritter 4/11/95

SFPL - 15

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUN 9 1995

(Adopted 9/15/92)

Expiration Date: 11/2/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 1st WED EVERY MONTH	Time Requested: 7PM — 9
Facility: 5 PARK	Attendance Expected: 25
Describe event or purpose of meeting: H.A.I.A. MONTHY MEETING (Haight Ashbury Improvement Association)	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: HAIGHT ASHBURY IMPROVE. ASSOC	Non-Profit: Yes ✓ No ○
Purpose of Group/Type of Activities to Take Place in the Library: IMPROVE HAIGHT.	
Primary Contact Person: Bill Hoover (Bill Hoover)	Position in Group: PRES
Full Mailing Address: 92 25th St. S.F. 94110	
Day Phone: 415 648 3174	Evening Phone: 415 648 5174
Secondary Contact Person: DAN SILVERNZA	Position in Group: SEC. VP
Full Mailing Address: 2030 FELL #5 SF 94117	
Day Phone: 415 752-4511	Evening Phone: 415 752-4511

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

H.A.I.A. *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the HAIA *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on HAIA *(group or organization)*, its agents or employee.

HAIA *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Bill Hoover *(signature)* 6/1/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Uose

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUN 2 1995

(Adopted 9/15/92)

Expiration Date: 6/10/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Friday, June 9	Time Requested: 7:30 – 11:00 PM
Facility: 5 PARK	Attendance Expected: 50-60
Describe event or purpose of meeting: Monthly public meeting with speakers on electronic civil rights issues	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Electronic Frontier Foundation	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Educational foundation working on civil rights issues in cyberspace	
Primary Contact Person: John Gilmore	Position in Group: Board of Directors
Full Mailing Address: PO Box 170608, SF CA 94117	
Day Phone: +1 415 221 6524	Evening Phone: +1 415 221 6524
Secondary Contact Person: Jane Metcalfe	Position in Group: Board of Directors
Full Mailing Address: Wired Magazine, 544 Second Street, SF CA	
Day Phone: +1 415 904 0660	Evening Phone: +1 415 904 0660

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

Electronic Frontier Foundation *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Electronic Frontier Foundation *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Electronic Frontier Foundation *(group or organization)*, its agents or employee.

Electronic Frontier Foundation *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

John Gilmore *(signature)* 1 June 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vosa

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MAY 13 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: ~~5/15/95~~

5/16/95
110

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 2ND Saturday of each month June-Dec.	Time Requested: 12 PM - 230
Facility: WESTERN ADDITION BRANCH Mtg Rm	Attendance Expected: 15-20
Describe event or purpose of meeting: Educational, organizational mtg	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: United We Stand America	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Discuss legislation and promote citizen action	
Primary Contact Person: Wm Clark	Position in Group: Chapter Chair
Full Mailing Address: 1379 9th Ave SF CA 94122	
Day Phone: (415) 566 0629	Evening Phone: Same
Secondary Contact Person: Dave Wiegner	Position in Group: Issues Coordinator
Full Mailing Address: 1865 Bush #201 SF 94109	
Day Phone: (415) 346 4320	Evening Phone: —

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

William J Clark *(signature)* 5/13/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackson

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

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31 *Bayview/Anna E. Waden*

12/95

San Francisco School Vols. - Jones Caila
65 Battery, 3rd Floor, SF, CA 94111; TEL: D 274-0250/E 587-8178
Wed 6/21/95: 6:30-8:30 pm
Expiration date: 06/22/95

Excelsior

Business Network Group - Margaret Rensch
10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 510-526-4081/E 626-9327
Wed 6/21/95: 7-8:30 pm
Expiration date: 06/22/95

Human Future Newspaper - Trudi Richards
641 Excelsior Ave, SF, CA 94112; TEL: 586-2217
Tuesdays 5/9 through 6/20/95: 4-5:30 pm
Expiration date: 06/21/95

Neighbors of the Excelsior/NOTE McLaren Task Force - Jo Coffey
248 Dublin, SF, CA 94112; TEL: 585-6506
Wed 3/29 & Thurs 6/15/95: 6:30-8:45 pm
Expiration date: 06/16/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

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Project Read - Amy Differding
Main Library, Civic Center, SF, CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Study Group - Bernard Corry
838 Duncan St, SF, CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Park

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Tues 8/22 & Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Electronic Frontier Foundation - John Gilmore
PO Box 170608, SF, CA 94117; TEL: 221-6524
Fri 6/9/95: 7:30-11 pm
Expiration date: 06/10/95

Haight Ashbury Improvement Association - Hoover Bill
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1-3 pm
Expiration date: 08/18/95

NERT - Neighborhood Emergency Response Training - Lucir Frank
260 Golden Gate Ave, SF, CA 94102; TEL: (Pager) 560-1110
Tues 6/13, 20, 27; 7/11/95: 6:30-9:30 pm
Expiration date: 07/12/95

San Francisco Police Department - Matt Gardner
875 Stanyan St, SF, CA 94117; TEL: 553-1061
Sun 6/11/95: 8 am - 6 pm
Expiration date: 06/12/95

Potrero

Kirpal Light Satsang, Inc. - James Roche
120 Oke-ga Ln, Trinidad, CA 95570; TEL: 800-816-2848
Sat 7/1/95: 12-5:30 pm
Expiration date: 07/02/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

Sri Chinmoy Centre - Golapenda Ng
529 Moraga St, SF, CA 94122; TEL: 665-8626
Tues 6/20, 21; 7/11, 18, 25; 8/8/95: 7-8 pm
Expiration date: 08/09/95

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Tuesdays: 4-7 pm
Expiration date: 11/29/95

Western Addition

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

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JUN 8 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: June 20, 27, July 11, 18, 25, Aug. 8	Time Requested: 7-8 PM
Facility: Presidio Branch Meeting Room	Attendance Expected: 10-15 people
Describe event or purpose of meeting: Free meditation classes featuring concentration techniques to quiet and calm the mind	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Sri Chinmoy Centre	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: To promote free events for peace of ~~of~~ a nonpolitical nature	
Primary Contact Person: Golapendra Ng	Position in Group: Meditation teacher
Full Mailing Address: 529 Moraga Street SF 94122	
Day Phone: 665-8626	Evening Phone:
Secondary Contact Person: Lisa ~~Shorstrom~~ Stortstrom	Position in Group: Member
Full Mailing Address:	
Day Phone: 661-8059	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider. OK

The Sri Chinmoy Centre *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Sri Chinmoy Centre *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on the Sri Chinmoy Centre *(group or organization)*, its agents or employee.

The Sri Chinmoy Centre *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Lisa Stortstrom *(signature)* May 31, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Catherine M Bremer

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUN 9 1995
(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: June 21, 1995	Time Requested: 630 - 830
Facility: BAYVIEW - A.P. WADEN BRANCH #13	Attendance Expected: 15
Describe event or purpose of meeting: Parent Involvement / Community Involvement in Bayview-Hunter's Point Schools.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: San Francisco School Vols.	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Place / Train volunteers to work in SF Public Schools	
Primary Contact Person: Caila D. Jones	Position in Group: School - Business Coordinator
Full Mailing Address: 65 Battery, 3rd FLOOR, SF CA 94111	
Day Phone: (415) 274-0250	Evening Phone: (415) 587-8178
Secondary Contact Person: Jenée Edwards	Position in Group: School - Business Director
Full Mailing Address: 65 Battery St, 3rd FLOOR, SF, CA 94111	
Day Phone: (415) 274-0250	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

SFSV *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the SFSV *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on SFSV *(group or organization)*, its agents or employee.

SFSV *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Jones *(signature)* June 8, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Linda Batson

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SAN FRANCISCO PUBLIC LIBRARY

JUN 1 1995

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Monday June 21	Time Requested: 7PM - 8 30
Facility: EXCELSIOR BRANCH	Attendance Expected: 20 people
Describe event or purpose of meeting: ~~Small Business~~ Step by Step Guid to build a Business	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Business Network Group	Non-Profit: Yes ○ No ●
Purpose of Group/Type of Activities to Take Place in the Library: Seminar For Espired Business Owners.	
Primary Contact Person: Margriet Rensch	Position in Group:
Full Mailing Address: 10285 San Pablo Ave El Cerrito, Ca 94530	
Day Phone: 510/526 4081	Evening Phone: 415-6269327
Secondary Contact Person: Joy Robinson	Position in Group:
Full Mailing Address: 10285 San Pablo Ave El Cerrito Ca 94530	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

M Rensch *(signature)* 5/31/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK mGo.

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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SAN FRANCISCO PUBLIC LIBRARY

REQUEST FOR USE OF PUBLIC MEETING ROOMS

(PLEASE PRINT OR TYPE)

6/6 NAME OF ORGANIZATION: The Housing Committee

PURPOSE OF ORGANIZATION: Provide free tenant counseling to tenants throughout San Francisco.

TYPE OF ACTIVITIES taking place in the Library: One-on-one drop-in counseling for Richmond residents

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: Kate Gordon - The Housing Committee

ADDRESS: 115 Jones St. 94102

TELEPHONE: 749-3705

OFFICIAL CAPACITY:

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: Marie Ciepiela Telephone: 749-3705

NAME: Karen Caplan Telephone: 285-2897

SPACE REQUESTED: CHILDREN'S PROG. RM. at Richmond Library

DATE(S): Tuesdays starting ASAP (for 6 months if possible) Hours: 4:00 pm to 7:00 pm

APPROXIMATE ATTENDANCE: 2 counselors, anywhere from 5-15 tenants

OTHER INFORMATION:

* *

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

In case of Branch Library, return to the Librarian in charge of the Branch where space is requested.

For further information on Branch meeting facilities call:

558-3602

Tim Williams, Richmond Branch, SFPL
351-9th Ave
SF, CA 94118

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SFPL-15 (11/82)

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

MAY 31 1995
(Adopted 9/15/92)

Expiration Date: June 12, 1995

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 6-11-95	Time Requested: 8:00 AM - 6:00 PM
Facility: PARK	Attendance Expected: ~~6:00 PM~~. 60 ON + OFF
Describe event or purpose of meeting: SFPD COMMAND POST / BREAK ROOM FOR THE HAIGHT ST. FAIR	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: SF POLICE DEPT	Non-Profit: Yes ☑ No ○
Purpose of Group/Type of Activities to Take Place in the Library: COMMAND POST / DOWN ROOM	
Primary Contact Person: MATT GARDNER	Position in Group: POLICE OFFICER
Full Mailing Address: 875 STANYAN	
Day Phone: 553 1061	Evening Phone: Same - Police Station
Secondary Contact Person: MARK PORTO	Position in Group: POLICE SGT.
Full Mailing Address: 875 STANYAN	
Day Phone: 553 1061	Evening Phone: Same - Police Station

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

SFPD *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the SFPD *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on SFPD *(group or organization)*, its agents or employee.

SFPD *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Marlin M Gardner *(signature)* 5-30-95 *(date)*.

SPECIAL AUTHORIZATION:

OR MGD

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Cohen

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JUN 09 1995
SAN FRANCISCO
PUBLIC LIBRARY

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUN 16 1995

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: THE 3rd MONDAY of EACH MONTH	Time Requested: 7 - 9 P.M.
Facility: WESTERN ADDITION BRANCH	Attendance Expected: 15-20 PEOPLE
Describe event or purpose of meeting: TO DEVELOP PROGRAM AND PROJECT THAT RELATE TO THE AFRICAN/ASIAN AMERICAN COMMUNITIES.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: AFRICAN/ASIAN AMERICAN ROUNDTABLE	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: TO FACILITATE DIALOG AND INTERACTION BETWEEN THE AFRICAN/ASIAN AMERICAN COMMUNITIES.	
Primary Contact Person: ROY HARRISON	Position in Group: BOARD MEMBER
Full Mailing Address: 3181 MISSION ST #15 SAN FRANCISCO CA 94110	
Day Phone: 826-8935	Evening Phone: SAME
Secondary Contact Person: KEN AKINAKA	Position in Group: BOARD MEMBER
Full Mailing Address: 818 NAPLES ST SAN FRANCISCO CA	
Day Phone:	Evening Phone: 587-6557

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* _____ *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Cam Jackson

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JUN 20 1995
SAN FRANCISCO
PUBLIC LIBRARY

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

06/23/95

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - Todd George
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

GAIAS VELOS - Poschman Jon
14 St. Mary's Ave, SF, CA 94112; TEL: D 334-6908/E 333-9725
Mon 7/10/95: 6:30-8:45 pm
Expiration date: 07/11/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

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SAN FRANCISCO
PUBLIC LIBRARY

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Project Read - Amy Differding
Main Library, Civic Center, SF, CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Study Group - Bernard Corry
838 Duncan St, SF, CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Park

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Tues 8/22 & Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Haight Ashbury Improvement Association - Hoover Bill
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1-3 pm
Expiration date: 08/18/95

NERT - Neighborhood Emergency Response Training - Lucir Frank
260 Golden Gate Ave, SF, CA 94102; TEL: (Pager) 560-1110
Tues 6/13, 20, 27; 7/11/95: 6:30-9:30 pm
Expiration date: 07/12/95

The Dinner Party - Shapiro Laura
4168 - 24th St #D, SF, CA 94114; TEL: D 626-6422/E 647-2790
Alternate Fridays beg. 6/2/95: 9-11 pm
Expiration date: 11/18/95

Potrero

Kirpal Light Satsang, Inc. - James Roche
120 Oke-ga Ln, Trinidad, CA 95570; TEL: 800-816-2848
Sat 7/1/95: 12-5:30 pm
Expiration date: 07/02/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

Sri Chinmoy Centre - Golapenda Ng
529 Moraga St, SF, CA 94122; TEL: 665-8626
Tues 6/20, 21; 7/11, 18, 25; 8/8/95: 7-8 pm
Expiration date: 08/09/95

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Tuesdays: 4-7 pm
Expiration date: 08/29/95

Western Addition

"Adult Learning Ctr/Reading, Speech, Language Arts" - McClendon Marian
3450 Sacramento #246, SF, CA 94118; TEL: 567-3493
Mon & Wed, 6/26 - 7/26/95: 2-3:30 pm
Expiration date: 07/27/95

African/Asian American Roundtable - Harrison Roy
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Forum Multiple Sclerosis Support - Flavell Paul
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

The Patriot Party - Garrett Sean
1112 Larkin #503, SF, CA 94109; TEL: 921-6788
Sat 7/15/95: 1-3 pm
Expiration date: 07/16/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

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JUN 12 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Mondays, Wednesdays 5 wks, June 26 thru July 26	Time Requested: 2:00 - 3:30 p.m. M + W
Facility: WESTERN ADDITION BRANCH	Attendance Expected: 1 adult student, 1 tutor
Describe event or purpose of meeting: at 33 Lowell Tutoring through Adult Learning Center - Reading, Speech, Language Arts	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: [redacted]	Non-Profit: Yes ⊖ No ○
Purpose of Group/Type of Activities to Take Place in the Library: [redacted]	
Primary Contact Person: Marian McClendon	Position in Group: Volunteer
Full Mailing Address: 3450 Sacramento #246 S.F. 94118	
Day Phone: 567-3493	Evening Phone: 567-3493
Secondary Contact Person:	Position in Group:
Full Mailing Address:	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

Marian McClendon *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

Marian McClendon *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Marian McClendon *(signature)* 6-8-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackson

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PUBLIC LIBRARY

Susan Hom
B/S/D

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

06/30/95

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - Todd George
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

GAIAS VELOS - Poschman Jon
14 St. Mary's Ave, SF, CA 94112; TEL: D 334-6908/E 333-9725
Mon 7/10/95: 6:30-8:45 pm
Expiration date: 07/11/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

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Project Read - Amy Differding
Main Library, Civic Center, SF, CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Study Group - Bernard Corry
838 Duncan St, SF, CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
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Park

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Tues 8/22 & Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Haight Ashbury Improvement Association - Hoover Bill
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
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Haight Ashbury Service Association - Donna Gouse
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3rd Thursdays: 1-3 pm
Expiration date: 08/18/95

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260 Golden Gate Ave, SF, CA 94102; TEL: (Pager) 560-1110
Tues 6/13, 20, 27; 7/25/95: 6:30-9:30 pm
Expiration date: 07/12/95

The Dinner Party - Shapiro Laura
4168 - 24th St #D, SF, CA 94114; TEL: D 626-6422/E 647-2790
Alternate Fridays beg. 6/2/95: 9-11 pm
Expiration date: 11/18/95

Word 4 Word - Greenwald Aaron
20 Meadowcrott, San Anselmo, CA 94960; TEL: 453-3099
7/6*, 7*, 8**, 12*, 14***/95: *6-9, **1-4, ***4-7 pm
Expiration date: 07/15/95

Potrero

Kirpal Light Satsang, Inc. - James Roche
120 Oke-ga Ln, Trinidad, CA 95570; TEL: 800-816-2848
Sat 7/1/95: 12-5:30 pm
Expiration date: 07/02/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
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1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

Sri Chinmoy Centre - Golapenda Ng
529 Moraga St, SF, CA 94122; TEL: 665-8626
Tues 6/20, 21; 7/11, 18, 25; 8/8/95: 7-8 pm
Expiration date: 08/09/95

Richmond

The Housing Committee - Kate Gordon
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Tuesdays: 4-7 pm
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Western Addition

"Adult Learning Ctr/Reading, Speech, Language Arts" - McClendon Marian
3450 Sacramento #246, SF, CA 94118; TEL: 567-3493
Mon & Wed, 6/26 - 7/26/95: 2-3:30 pm
Expiration date: 07/27/95

African/Asian American Roundtable - Harrison Roy
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Forum Multiple Sclerosis Support - Flavell Paul
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

The Patriot Party - Garrett Sean
1112 Larkin #503, SF, CA 94109; TEL: 921-6788
Sat 7/15/95: 1-3 pm
Expiration date: 07/16/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

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JUN 8 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: July 1st, 95	Time Requested: 12-5:30
Facility: POTRERO BRANCH	Attendance Expected: 40
Describe event or purpose of meeting:	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Kirpal Light Satsang, Inc,	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Free Seminar on Meditation	
Primary Contact Person: James Roché	Position in Group: organizer/speaker
Full Mailing Address: 120 Oke-ga Ln, Trinidad, CA 95570	
Day Phone: (800) 816-2848	Evening Phone: same
Secondary Contact Person: Karen Voorhees	Position in Group: group leader in San Fran,
Full Mailing Address: 1749 Sonoma Av, Berkeley, CA 94707	
Day Phone: (510) 526-4212	Evening Phone: same

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Kirpal Light Satsang *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Kirpal Light Satsang *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Kirpal Light Satsang *(group or organization)*, its agents or employee.

Kirpal Light Satsang *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

[signature] *(signature)* 6-2-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: [signature]

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JUN 09 1995
SAN FRANCISCO
PUBLIC LIBRARY

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUN 30 1995 SFPL - 15

(Adopted 9/15/92)

Expiration Date: 15th July 1995

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: July 6, 7, 8, 12, 14	Time Requested: (6, 7, 12) - 6-9 (8) - 1-4 (14) 4-7
Facility: **PARK BRANCH**	Attendance Expected: 6 - 7 actors
Describe event or purpose of meeting: Rehearsal	

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JUL 3 1995
SAN FRANCISCO PUBLIC LIBRARY

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Word 4 Word	Non-Profit: Yes ☑ No ☐
Purpose of Group/Type of Activities to Take Place in the Library: Rehearsal	
Primary Contact Person: Aaron Greenwald	Position in Group: Production Manager
Full Mailing Address: 20 Meadowcroft, San Anselmo, Calif, 94960	
Day Phone: (415) 453-3099	Evening Phone: —
Secondary Contact Person: Jerri Lynn Cohen	Position in Group: Charter Member
Full Mailing Address: 940 Howard	
Day Phone: 861 8705 x 529	Evening Phone: 864-1237

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Word 4 Word *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Word 4 Word *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Word 4 Word *(group or organization)*, its agents or employee.

Word 4 Word *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Aaron Greenwald *(signature)* 6/28/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: [illegible]

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JUN 16 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 8/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

6/16/95

Dates Requested: MON JULY 10 1995	Time Requested: 6:30 - ~~7:00~~ 8:45 PM
Facility: EXCELSIOR BRANCH	Attendance Expected: 20
Describe event or purpose of meeting: ESTABLISH A USED OIL CURBSIDE COLLECTION RECYCLING PROGRAM	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: GAIAS VELOS	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: ENVIRONMENTAL SERVICE GOVERNMENT AND INDUSTRY FORUM ON PROPOSAL FOR THE RECYCLING PROGRAM	
Primary Contact Person: JON POSCHMAN	Position in Group: COORDINATOR
Full Mailing Address: 14 ST. MARY'S AVE. S.F. CA. 94112	
Day Phone: 415-334-6908	Evening Phone: 415-333-9725
Secondary Contact Person: HOLLY HARRIS	Position in Group: LIAISON
Full Mailing Address: 4551 A CALIFORNIA ST. S.F. CA. 94118	
Day Phone: 415-695-7950	Evening Phone: SAME

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

GAIA'S VELOS *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the GAIA'S VELOS *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on GAIA'S VELOS *(group or organization)*, its agents or employee.

GAIA'S VELOS *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Jon Poschman *(signature)* JUNE 15 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK MGS

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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JUN 20 1995
SAN FRANCISCO
PUBLIC LIBRARY

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 12/95.

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: SECOND WEDNESDAY- JULY THRU DEC.	Time Requested: 6:30 - 8:45
Facility: EXCELSIOR BRANCH	Attendance Expected: 30
Describe event or purpose of meeting: COMPUTER CLUB MEETINGS - DEMONSTRATIONS	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: CWEST - SAN FRANCISCO COMMODORE & AMIGA USERS GROUP	Non-Profit: Yes ⊗ No ○
Purpose of Group/Type of Activities to Take Place in the Library: MEETINGS - DEMONSTRATIONS	
Primary Contact Person: GEORGE TODD	Position in Group: SECRETARY - TREASURER
Full Mailing Address: 3462 17TH STREET APT B, SAN FRANCISCO, CA 94110	
Day Phone: 415-626-9946	Evening Phone: 415-626-9946
Secondary Contact Person: BOBBIE SECLERS	Position in Group: HELP LINE
Full Mailing Address: 861 POST ST #2, SAN FRANCISCO, CA 94111	
Day Phone: 415-474-1164	Evening Phone: 415-474-1164

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

CWEST *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the CWEST *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on CWEST *(group or organization)*, its agents or employee.

CWEST *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

George Todd *(signature)* 6-14-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK Inc

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Goldman

DOCUMENTS DEPT.
JUN 20 1995
SAN FRANCISCO
PUBLIC LIBRARY

SFPL - 15

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - Todd George
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

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Project Read - Amy Differding
Main Library, Civic Center, SF, CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Study Group - Bernard Corry
838 Duncan St, SF, CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Park

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Tues 8/22 & Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Haight Ashbury Improvement Association - Hoover Bill
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1-3 pm
Expiration date: 08/18/95

The Dinner Party - Shapiro Laura
4168 - 24th St #D, SF, CA 94114; TEL: D 626-6422/E 647-2790
Alternate Fridays beg. 6/2/95: 7-10 pm (7/14 7:30-10)
Expiration date: 11/18/95

Word 4 Word - Greenwald Aaron
20 Meadowcrott, San Anselmo, CA 94960; TEL: 453-3099
7/6*, 7*, 8**, 12*, 14***/95: *6-9, **1-4, ***4-7 pm
Expiration date: 07/15/95

Potrero

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

SF Chapter, Mystery Readers Int'l - Petty Lorraine
625 Divisadero St #11, SF, CA 94117-1500; TEL: 346-7765
(pending): 7:30 pm
Expiration date: 07/14/95

Sri Chinmoy Centre - Golapenda Ng
529 Moraga St, SF, CA 94122; TEL: 665-8626
Tues 6/20, 21; 7/11, 18, 25; 8/8/95: 7-8 pm
Expiration date: 08/09/95

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Tuesdays: 4-7 pm
Expiration date: 08/29/95

Western Addition

"Adult Learning Ctr/Reading, Speech, Language Arts" - McClendon Marian
3450 Sacramento #246, SF, CA 94118; TEL: 567-3493
Mon & Wed, 6/26 - 7/26/95: 2-3:30 pm
Expiration date: 07/27/95

African/Asian American Roundtable - Harrison Roy
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Forum Multiple Sclerosis Support - Flavell Paul
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

The Patriot Party - Garrett Sean
1112 Larkin #503, SF, CA 94109; TEL: 921-6788
Sat 7/15/95: 1-3 pm
Expiration date: 07/16/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

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SAN FRANCISCO PUBLIC LIBRARY

JUN 16 1995

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: JULY 15, 1995 SATURDAY	Time Requested: 1:00PM - 3:00PM
Facility: WESTERN ADDITION BRANCH	Attendance Expected: 10-20 PEOPLE
Describe event or purpose of meeting: FOR POLITICAL DISCUSSION - QUESTIONS & ANSWERS.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: THE PATRIOT PARTY	Non-Profit: NOT-FOR-PROFIT Yes ○ No ○
Purpose of Group/Type of Activities to Take Place in the Library: POLITICAL DISCUSSION.	
Primary Contact Person: SEAN GARRETT	Position in Group: DELEGATE
Full Mailing Address: 1112 LARKIN #503 SF CA 94109	
Day Phone:	Evening Phone: 921-6788
Secondary Contact Person: CYNTHIA NESLER	Position in Group: MEMBER
Full Mailing Address: 1460 12TH AV SF 94122	
Day Phone: 566-1041	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

THE PATRIOT PARTY *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the THE PATRIOT PARTY *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on THE PATRIOT PARTY *(group or organization)*, its agents or employee.

THE PATRIOT PARTY *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

[signature] *(signature)* 6/14/95 *(date)*.

OK in Sp.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackso

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUL 12 1995

(Adopted 9/15/92)

Expiration Date: 8/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Wednesday, July 19, 1995	Time Requested: 1:30 pm – 3:30 pm – 7 pm [3 meetings]
Facility: EXCELSIOR BRANCH	Attendance Expected: approx. 60 per meeting
Describe event or purpose of meeting: Union Ratification meeting – for new contract	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Local 250 Hospital-Jewish Home	Non-Profit: Yes ✓ No ○
Purpose of Group/Type of Activities to Take Place in the Library: meeting to ratify new contract	Mission-Silver
Primary Contact Person: Steve Walters	Position in Group: Local 250 Field Representative
Full Mailing Address: 973 Market St. 7th Floor San Fran Ca 94102	
Day Phone: 1-415-441-2500	Evening Phone: 1-510-869-2240
Secondary Contact Person: Linda Cordova	Position in Group: union secretary
Full Mailing Address: 973 Market St. 7th Floor San Fran. 94102	
Day Phone: 1-415-441-2500	Evening Phone: 1-510-869-2240

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* _____ *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Goldman

oral approval of MGR

SFPL - 15

To: B/S/O

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JUL 20 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

Dates Requested: 7-24-95	Time Requested: 6pm - 9pm
Facility: WESTERN ADDITION BRANCH	Attendance Expected: 6
Describe event or purpose of meeting: Planning Meeting	

INFORMATION ON REQUESTING ORGANIZATION: Black Chamber of Commerce

Name of Group: SAN FRANCISCO Black Chamber of Commerce	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Committee Planning Meeting	
Primary Contact Person: Jim Foster	Position in Group: Member of Board of Directors
Full Mailing Address: Pacific Bell, 370-Third St. Rm 616, SF, 94107	
Day Phone: 415-542-1993	Evening Phone: 415-542-1993
Secondary Contact Person:	Position in Group:
Full Mailing Address:	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒ If yes, attach insurance rider.

S.F. Black Chamber of Commerce *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the SFBCC *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability within [illegible] sed or sought to be imposed on, City, except to the extent that such inde[illegible] enforce[illegible] under [illegible] law [illegible] on or validly retroactive to the date of this agreement [illegible] s, damag[illegible] liab[illegible] or [illegible] of active negligence or willful misconduct of City and/or [illegible] any [illegible] of, or by [illegible] duty imposed by law or contract on SFBC[illegible] *(group or organization)* [illegible] employees

SFBCC *(identify group or organization)* shall [illegible] indemnify and [illegible] all loss and liability, including attorney's fees, court costs, litigation or defense and all other liabilities in[illegible] [illegible] investigation or defense thereof, which may be entered [illegible] as a result [illegible]

I certify I have read the meeting room rules, Waiver of Liability, and C[illegible] of [illegible] of the [illegible]

James R. Foster 7/5 *(date)*

SPEC

REFRESHMENTS: _____ (initials of authorizing [illegible])

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available [illegible] Supervisor [illegible]

BY: BRANCH/MAIN MANAGER: Joan Jackson

SFPL - 15

JUN 26 1995

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: July 26, 1995	Time Requested: 12-5
Facility: POTRERO BRANCH	Attendance Expected: 25
Describe event or purpose of meeting: Seminar on Meditation (Free).	

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INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Kirpal Light Satsang, Inc.	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Free seminar on Meditation	
Primary Contact Person: James Roché	Position in Group: Organizer/Speaker
Full Mailing Address: 120 Oke-ga Ln., Trinidad, CA 95570	
Day Phone: 800-896-2848	Evening Phone: same.
Secondary Contact Person: Karen Voorhees	Position in Group: Sanfrancisco group leader
Full Mailing Address: 1749 Sonoma Ave., Berkeley, CA 94707	
Day Phone: (510) 526-4912	Evening Phone: same.

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Kirpal Light Satsang *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Kirpal Light Satsang *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Kirpal Light Satsang *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Bill Li *(signature)* 6/24/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Toba Singer

OR mgr.

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JUN 16 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 12/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: FOURTH WEDNESDAY JULY 1 – DEC 31	Time Requested: 6:30 – 9:00
Facility: EXCELSIOR BRANCH	Attendance Expected: 12 - 15
Describe event or purpose of meeting: BOARD OF DIRECTORS MEETING	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: EXCELSIOR BUSINESS ASSOC LTD	Non-Profit: Yes ⊗ No ○
Purpose of Group/Type of Activities to Take Place in the Library: DIRECTORS MEETING	
Primary Contact Person: MING SUEN	Position in Group: PRESIDENT
Full Mailing Address: 4477 MISSION ST 94112	
Day Phone: 587-1231	Evening Phone: 333-2239
Secondary Contact Person: WALT JEBE	Position in Group: VICE PRES
Full Mailing Address: 4532 MISSION, #1, ST CA 94112	
Day Phone: 386-8300	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

EXCELSIOR BUSINESS ASSC *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the EXCELSIOR BUSINESS ASSC *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on EXCELSIOR BUSINESS ASSOC *(group or organization)*, its agents or employee.

EXCELSIOR BUSINESS ASSOC *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Ming Suen *(signature)* 6/15/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

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☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

07/28/95

Bayview/A.E. Waden

Intra-State Financial - Mattie Fleming
2069 Quesada Ave, SF, CA 94124; TEL: D 822-1199/E 642-0949
Wed 8/16 & 8/30/95: 7-9 pm
Expiration date: 08/31/95

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Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

Friends for Life - Karen Strauss
SFPL, Civic Center, SF, CA 94102; TEL: 557-4351
Wed 8/16/95: 5:30-8:30 pm
Expiration date: 08/17/95

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Project Read - Amy Differding
Main Library, Civic Center, SF, CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Study Group - Bernard Corry
838 Duncan St, SF, CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
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Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Tues 8/22 & Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Haight Ashbury Improvement Association - Bill Hoover
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1-3 pm
Expiration date: 08/18/95

Open Theater Workshop - John Baumann
546 Ashbury St, SF, CA 94117; TEL: 863-9343
Wed 8/9/95: 7-9 pm
Expiration date: 08/10/95

The Dinner Party - Shapiro Laura
4168 - 24th St #D, SF, CA 94114; TEL: D 626-6422/E 647-2790
Alternate Fridays beg. 6/2/95: 7-10 pm (7/14 7:30-10)
Expiration date: 11/18/95

Potrero

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

Sri Chinmoy Centre - Golapenda Ng
529 Moraga St, SF, CA 94122; TEL: 665-8626
Tues 6/20, 21; 7/11, 18, 25; 8/8/95: 7-8 pm
Expiration date: 08/09/95

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Tuesdays: 4-7 pm
Expiration date: 08/29/95

Western Addition

African/Asian American Roundtable - Roy Harrison
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

Internal Revenue Service - Rick Madden
1301 Clay St, Oakland, CA 94612; TEL: 510-637-2475
9/13 & 10/23/95: 12-4 & 4-9 pm
Expiration date: 10/24/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Forum Multiple Sclerosis Support - Paul Flavell
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

Senior Citizen Christian Fellowship Group - Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-2:30 pm
Expiration date: 12/20/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

08/09/95

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Bayview/A.E. Waden

Intra-State Financial - Mattie Fleming
2069 Quesada Ave, SF, CA 94124; TEL: D 822-1199/E 642-0949
Wed 8/16 & 8/30/95: 7-9 pm
Expiration date: 08/31/95

Bernal Heights

Internal Revenue Service - Carrie Lawrence
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2473
9/27, 10/18 & 10/31/95: 12:30-3:30 pm
Expiration date: 11/01/95

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
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SFPL, Civic Center, SF, CA 94102; TEL: 557-4351
Wed 8/16/95: 5:30-8:30 pm
Expiration date: 08/17/95

Glenridge Coop Nursery School - Lucy Irwin
4058 - 26th Ave, SF, CA 94131; TEL: 824-5820
Wed 8/9/95: 7-9 pm
Expiration date: 08/10/95

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Project Read - Amy Differding
Main Library, Civic Center, SF, CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Study Group - Bernard Corry
838 Duncan St, SF, CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Park

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Haight Ashbury Improvement Association - Bill Hoover
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 08/11/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1-3 pm
Expiration date: 08/18/95

Open Theater Workshop - John Baumann
546 Ashbury St, SF, CA 94117; TEL: 863-9343
Wed 8/9/95: 7-9 pm
Expiration date: 08/10/95

Student Internation'l Meditation Society - Ruthe Rendely
1260 Hopkins St #42, Berkeley, CA 94702; TEL: 510-526-4552
Wed 8/23/95: 7:30-9 pm
Expiration date: 08/24/95

Potrero

Internal Revenue Service - Deborah Torres
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2475
10/12 & *10/18/95: 12-4; *4-9 pm
Expiration date: 10/19/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

SF Chapter, Mystery Readers Int'l - Lorraine Petty
625 Divisadero St #11, SF, CA 94117-1500; TEL: 346-7765
Wed 9/13 & 10/25/95: 7:30 pm
Expiration date: 10/26/95

Sri Chinmoy Centre - Golapenda Ng
529 Moraga St, SF, CA 94122; TEL: 665-8626
Tues 6/20, 21; 7/11, 18, 25; 8/8/95: 7-8 pm
Expiration date: 08/09/95

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Tuesdays: 4-7 pm
Expiration date: 08/29/95

Western Addition

African/Asian American Roundtable - Roy Harrison
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

Internal Revenue Service - Rick Madden
1301 Clay St, Oakland, CA 94612; TEL: 510-637-2475
9/13 & 10/23/95: 12-4 & 4-9 pm
Expiration date: 10/24/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Forum Multiple Sclerosis Support - Paul Flavell
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

Senior Citizen Christian Fellowship Group - Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-2:30 pm
Expiration date: 12/20/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

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JUL 20 1995

SAN FRANCISCO PUBLIC LIBRARY SFPL - 15

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: Aug. 10, 1995

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Wed. August 9th 1995	Time Requested: 7:00pm - 9:30pm
Facility: **PARK BRANCH**	Attendance Expected: 12
Describe event or purpose of meeting: Open Theater Workshop -- actors with projects in development perform and get feedback	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Open Theater Workshop	Non-Profit: Yes ● No ○
Purpose of Group/Type of Activities to Take Place in the Library: We provide moral support and feedback, as well as an opportunity to perform and try out new material	
Primary Contact Person: JOHN C. BAUMANN	Position in Group: Organizer/President
Full Mailing Address: 546 Ashbury Street, San Francisco, CA 94117	
Day Phone: (415) 863-9343	Evening Phone: (415) 863-9343
Secondary Contact Person: David Hirata	Position in Group: Member
Full Mailing Address: 1318 Masonic Avenue, San Francisco, CA 94117	
Day Phone: (415) 641-0235	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Open Theater Workshop (or O.T.W.) *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the O.T.W. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on O.T.W. *(group or organization)*, its agents or employee.

O.T.W. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

John C. Baumann *(signature)* 7/19/95 *(date)*.

DOCUMENTS DEPT.
JUL 22 1995
SAN FRANCISCO PUBLIC LIBRARY

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

OR mgr.

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUL 28 1995
(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

DOCUMENTS DEPT.
JUL 31 1995
SAN FRANCISCO PUBLIC LIBRARY

Dates Requested: AUG. 9th	Time Requested: 7-9 PM
Facility: NOE VALLEY BRANCH	Attendance Expected: 20
Describe event or purpose of meeting: ~~Glenridge~~ New Parent meeting	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Glenridge Coop Nursery School	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Inform new parents of school responsibilities	
Primary Contact Person: Lucy Irwin	Position in Group: Orientation
Full Mailing Address: 4058 26th ST. SF CA 94131	
Day Phone: 824-5820	Evening Phone: Same
Secondary Contact Person:	Position in Group:
Full Mailing Address:	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

Glenridge Coop *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Glenridge Coop *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Glenridge Coop *(group or organization)*, its agents or employee.

Glenridge Coop *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Lucile S. Z. *(signature)* July 26, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK in Gen 7/28/96

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Roberta Geufer

SFPL - 15

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SAN FRANCISCO PUBLIC LIBRARY AUG 17 1995 AUG 22 1995 SFPL - 15

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9 15/92)

Expiration Date: February '96

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Second Wednesdays of the month	Time Requested: 7:00pm - 9:30pm
Facility: PARK BRANCH	Attendance Expected: 12
Describe event or purpose of meeting: Open Theater Workshop -- actors with projects in development perform and get feedback	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Open Theater Workshop	Non-Profit: Yes ● No ○
Purpose of Group/Type of Activities to Take Place in the Library: We provide mor support and feedback, as well as an opportunity to perform and try out new material	
Primary Contact Person: JOHN C. BAUMANN	Position in Group: Organizer/President
Full Mailing Address: 546 Ashbury Street, San Francisco, CA 94117	
Day Phone: (415) 863-9343	Evening Phone: (415) 863-9343
Secondary Contact Person: David Hirata	Position in Group: Member
Full Mailing Address: 1318 Masonic Avenue, San Francisco, CA 94117	
Day Phone: (415) 641-0235	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Open Theater Workshop (or O.T.W.) *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the O.T.W. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on O.T.W. *(group or organization)*, its agents or employees.

O.T.W. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

John C. Baumann *(signature)* 7/19/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

JR MGR 8/17/95

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AUG 9 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Every 2nd and 4th Thursday	Time Requested: 2 PM - 3:30 PM
Facility: NOE VALLEY BRANCH	Attendance Expected: 5-15
Describe event or purpose of meeting: Health care presentation to Medicare-eligible seniors.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Health Net Seniority Plus	Non-Profit: Yes ○ No ☒
Purpose of Group/Type of Activities to Take Place in the Library: Health Maintainence Organization	
Primary Contact Person: Andy Swanson	Position in Group: Health Plan Consultant
Full Mailing Address: One Daniel Burnham Ct. #20C, SF, CA 94109	
Day Phone: (415) 292-3961	Evening Phone: same (voicemail)
Secondary Contact Person: Michele Lam	Position in Group: Administrative Assistant
Full Mailing Address: same as above	
Day Phone: (415) 292-3930	Evening Phone: same

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒ If yes, attach insurance rider.

Health Net Seniority Plus *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the HN Seniority Plus *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Health Net Seniority Plus *(group or organization)*, its agents or employee.

Health Net Seniority Plus *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Andy Swanson *(signature)* 8/4/95 *(date)*.

SPECIAL AUTHORIZATION:

OK MGS

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Roberta Geufer

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

08/11/95

DOCUMENTS DEPT.
AUG 11 1995
SAN FRANCISCO
PUBLIC LIBRARY

Bayview/A.E. Waden

Intra-State Financial - Mattie Fleming
2069 Quesada Ave, SF, CA 94124; TEL: D 822-1199/E 642-0949
Wed 8/16 & 8/30/95: 7-9 pm
Expiration date: 08/31/95

Bernal Heights

Internal Revenue Service - Carrie Lawrence
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2473
9/27, 10/18 & 10/31/95: 12:30-3:30 pm
Expiration date: 11/01/95

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

Raelian Group - Kevin McGowan
140-A Langton, SF, CA 94103; TEL: 863-5173
Sun 8/27/95: 2:30-4:30 pm
Expiration date: 08/28/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

Friends for Life - Karen Strauss
SFPL, Civic Center, SF, CA 94102; TEL: 557-4351
Wed 8/16/95: 5:30-8:30 pm
Expiration date: 08/17/95

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Project Read - Amy Differding
Main Library, Civic Center, SF, CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Study Group - Bernard Corry
838 Duncan St, SF, CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Park

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Tues 8/22 & Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Haight Ashbury Improvement Association - Bill Hoover
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1-3 pm
Expiration date: 08/18/95

Student Internation'l Meditation Society - Ruthe Rendely
1260 Hopkins St #42, Berkeley, CA 94702; TEL: 510-526-4552
Wed 8/23/95: 7:30-9 pm
Expiration date: 08/24/95

Potrero

Internal Revenue Service - Deborah Torres
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2475
10/12 & *10/18/95: 12-4; *4-9 pm
Expiration date: 10/19/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

SF Chapter, Mystery Readers Int'l - Lorraine Petty
625 Divisadero St #11, SF, CA 94117-1500; TEL: 346-7765
Wed 9/13 & 10/25/95: 7:30 pm
Expiration date: 10/26/95

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Tuesdays: 4-7 pm
Expiration date: 08/29/95

Western Addition

African/Asian American Roundtable - Roy Harrison
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

Internal Revenue Service - Rick Madden
1301 Clay St, Oakland, CA 94612; TEL: 510-637-2475
9/13 & 10/23/95: 12-4 & 4-9 pm
Expiration date: 10/24/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Forum Multiple Sclerosis Support - Paul Flavell
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

Senior Citizen Christian Fellowship Group - Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-2:30 pm
Expiration date: 12/20/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

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JUL 20 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 12/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 3RD TUESDAY (MONTHLY)	Time Requested: 1:00 PM TO 2:30 PM
Facility: WESTERN ADDITION BRANCH	Attendance Expected: APPROXIMATELY 11 TO 20
Describe event or purpose of meeting: THE PURPOSE OF THIS MEETING FOR SENIOR CITIZENS TO PLAN RELIGIOUS AND SOCIAL EVENTS.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: THE SENIOR CITIZEN CHRISTIAN FELLOWSHIP GROUP	Non-Profit: Yes ○ No ☒
Purpose of Group/Type of Activities to Take Place in the Library: MEET TOGETHER TO FELLOWSHIP, PARTICIPATE IN EXERCISES, SOCIAL ACTIVITIES, ART, SINGING, TOUR TRIPS, LEARNING RESOURCES THAT ARE AVAILABLE TO SENIORS AND TO HAVE SPIRITUAL LESSONS.	
Primary Contact Person: MR. DEWITT NUNNERY	Position in Group: PRESIDENT
Full Mailing Address: 111 SWEENEY ST. SF CA, 94134	
Day Phone: (415)468-2975	Evening Phone: (415)468-2975
Secondary Contact Person: ME. GLOSTER MCKEEVER	Position in Group: VICE-PRESIDENT
Full Mailing Address: 652 BRODERICK ST. SF CA. 94117	
Day Phone: (415)931-6683	Evening Phone: (415)931-6683

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* Dewitt Nunnery *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK mgs.

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackson

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUL 25 1995

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: August 16, + 30th	Time Requested: 7:00 P.M. – 9:00 P.M.
Facility: BAYVIEW - A.E. WADEN BRANCH #13	Attendance Expected: 30 persons
Describe event or purpose of meeting: Seminar on Credit Repair	

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JUL 31 1995
SAN FRANCISCO
PUBLIC LIBRARY

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Intra-State Financial	Non-Profit: Yes ○ No ☒
Purpose of Group/Type of Activities to Take Place in the Library: To Provide community membership info on Credit Repair	
Primary Contact Person: Mattie Fleming	Position in Group: Credit Analysis
Full Mailing Address: 2069 Ousada Ave. San Francisco, Ca. 94124	
Day Phone: (415) 822-1199	Evening Phone: (415) 642-0949
Secondary Contact Person:	Position in Group:
Full Mailing Address:	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

Intra-State Financial *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Intra-State Fin. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Intra-State Fin. *(group or organization)*, its agents or employee.

Intra-State Fin. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Mattie Fleming *(signature)* 7/23/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK 7/26/95

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Linda Burks Bates

SFPL - 15

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date:_____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 8/16/95 WED.	Time Requested: 5:30 - 8:30pm
Facility: NOB VALLEY BRANCH	Attendance Expected: 10 - 15
Describe event or purpose of meeting: Monthly check-in meeting for Friends for Life volunteers.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Friends for Life/SFPL	Non-Profit: Yes ○ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Library volunteers bringing SFPL to the homebound with AIDS/HIV disease.	
Primary Contact Person: Karen Strauss	Position in Group: Project Coordinator
Full Mailing Address: SFPL; Civic Center; SF, CA 94102	
Day Phone: 557-4351	Evening Phone: ____
Secondary Contact Person: Lorena Arroyo	Position in Group: Library Tech.
Full Mailing Address: same	
Day Phone: same	Evening Phone: ___

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

Friends for Life *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Friends for Life *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Friends for Life *(group or organization)*, its agents or employee.

Friends for Life *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Karen Strauss *(signature)* July 21, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

OK mcp 7/26/95

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Roberta Lieber

SFPL - 15

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

MAY 17 1995

(Adopted 9/15/92)

Expiration Date: ~~[illegible]~~ 8/23/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: August 22, 1995	Time Requested: 6:00 p.m. to 10:00 p.m.
Facility: Park Branch Community Room	Attendance Expected: 40 - 60 people
Describe event or purpose of meeting: Discussion of community issues, usually with guest speakers.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Cole Valley Improvement Association	Non-Profit: Yes ⊗ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Discussions of community issues	
Primary Contact Person: Karen Cromnie	Position in Group: President
Full Mailing Address: 628 Ashbury St., S.F. 94117	
Day Phone: (415) 431-1414	Evening Phone: (415) 431-1414
Secondary Contact Person: Doerte Murray	Position in Group: Treasurer
Full Mailing Address: 526 Clayton St., S.F., 94117	
Day Phone: 626-3607	Evening Phone: 626-3607

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Cole Valley Improvement Assn *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Cole Valley Imp. Assn. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Cole Valley Imp. Assn. *(group or organization)*, its agents or employee.

Cole Valley Imp. Assn. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Karen Lynn Cromnie *(signature)* May 11, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Urse

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SAN FRANCISCO PUBLIC LIBRARY

AUG 4 1995

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: Aug. 24, 1995

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: August 23, 1995	Time Requested: 7:30 p.m. - 9:00 p.m.
Facility: 5 PARK	Attendance Expected: 15-20
Describe event or purpose of meeting: Introduction to Transcendental Meditation	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Student Internat'l Meditation Sciety	Non-Profit: Yes ⊗ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Discussion of the benefits of Transcendental Meditation	
Primary Contact Person: Ruthe Rendely	Position in Group: instructor
Full Mailing Address: 1260 Hopkins Street #42, Berkeley, CA 94702	
Day Phone: (510) 526-4552	Evening Phone: (510) 526-4552
Secondary Contact Person: Paul Brown	Position in Group: instructor
Full Mailing Address: 345 Lyon St. Apt. 1, S.F. 94117	
Day Phone: (415) 931-1621	Evening Phone: Same

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

Student Int'l Med. Society (hereafter S.I.M.S.) *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Student Int'l Med. Soc. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on S.I.M.S. *(group or organization)*, its agents or employee.

S.I.M.S. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Ruthe Rendely *(signature)* August 3, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK MGD 8/4/95

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

SFPL - 15

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

08/25/95

Bayview/A.E. Waden

Intra-State Financial - Mattie Fleming
2069 Quesada Ave, SF, CA 94124; TEL: D 822-1199/E 642-0949
Wed 8/16 & 8/30/95: 7-9 pm
Expiration date: 08/31/95

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SAN FRANCISCO
PUBLIC LIBRARY

Bernal Heights

Internal Revenue Service - Carrie Lawrence
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2473
9/27, 10/18 & 10/31/95: 12:30-3:30 pm
Expiration date: 11/01/95

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

Raelian Group - Kevin McGowan
140-A Langton, SF, CA 94103; TEL: 863-5173
Sun 8/27/95: 2:30-4:30 pm
Expiration date: 08/28/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Henry George School of No. California - Keira Williams
POB 2544, SF, CA 94126; TEL: 567-3672
Tues 9/26/95: 6:30-8:30 pm
Expiration date: 09/27/95

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Project Read - Amy Differding
Main Library, Civic Center, SF, CA 94102; TEL:
Fridays: 2-4 pm
Expiration date: 08/26/95

Study Group - Bernard Corry
838 Duncan St, SF, CA 94131; TEL: D 824-2206/P 998-1986
Wednesdays: 4:15-5:15 pm
Expiration date: 08/31/95

Park

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Tues 8/22 & Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Haight Ashbury Improvement Association - Bill Hoover
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Open Theater Workshop - John Baumann
546 Ashbury St, SF, CA 94117; TEL: 863-9343
2nd Wednesdays: 7-9:30 pm
Expiration date: 02/15/96

Potrero

Internal Revenue Service - Deborah Torres
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2475
10/12 & *10/18/95: 12-4; *4-9 pm
Expiration date: 10/19/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Potrero Hill Parents Assn. - Debbie Schante
394 Connecticut St, SF, CA 94107; TEL: 695-8790
Tues 9/12/95: 6:30-8:30 pm
Expiration date: 09/13/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

SF Chapter, Mystery Readers Int'l - Lorraine Petty
625 Divisadero St #11, SF, CA 94117-1500; TEL: 346-7765
Wed 9/13 & 10/25/95: 7:30 pm
Expiration date: 10/26/95

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Tuesdays: 4-7 pm
Expiration date: 08/29/95

Western Addition

African/Asian American Roundtable - Roy Harrison
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

Internal Revenue Service - Rick Madden
1301 Clay St, Oakland, CA 94612; TEL: 510-637-2475
9/13 & 10/23/95: 12-4 & 4-9 pm
Expiration date: 10/24/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Forum Multiple Sclerosis Support - Paul Flavell
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

Senior Citizen Christian Fellowship Group - Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-2:30 pm
Expiration date: 12/20/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

SAN FRANCISCO PUBLIC LIBRARY

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

SEP -5 1995

Expiration Date: _____

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

Saturdays 11:30-2:00 4p

Dates Requested: ~~5:30-7:30 pm~~ Thursday ~~MONDAY~~ or weekend any time.	Time Requested: ~~5:30-7:15 thursday~~, Any time on weekend
Facility: RICHMOND BRANCH	Attendance Expected: 10-15 people
Describe event or purpose of meeting: Tenant Rights Counseling once a week	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: The Housing Committee	Non-Profit: Yes ✓ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Tenant Rights Counseling—Drop-in Only	
Primary Contact Person: Kate Gordon	Position in Group: Program Coordinator
Full Mailing Address: 115 Jones St, SF 94102	
Day Phone: 749-3705	Evening Phone: same
Secondary Contact Person: Marie Ciepiela	Position in Group: Director
Full Mailing Address: same	
Day Phone: same	Evening Phone: same

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

The Housing Committee *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Housing Committee *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on The Housing Committee *(group or organization)*, its agents or employee.

The Housing Committee *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Kathleen A Gordon *(signature)* 8/25/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK mgo 9/5/95

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 9/95

***NOTE:** Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 8-27-95	Time Requested: 2:30 - 4:30
Facility: EXCELSIOR BRANCH	Attendance Expected: 10 - 40
Describe event or purpose of meeting: To help educate the community.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Raelian Group	Non-Profit: Yes ☑ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Education of science + meditation + psychology	
Primary Contact Person: Kevin McGowan	Position in Group: Spokesperson
Full Mailing Address: 140A Langton, S.F., CA., 94103	
Day Phone: 415-863-5173	Evening Phone: 863-5173
Secondary Contact Person: Felix Clairvoyant	Position in Group: spokesperson
Full Mailing Address: 220 Iris Way, Palo Alto, CA., 94303	
Day Phone: 415-856-4055	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

Raelian group *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Raelian group *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Raelian group *(group or organization)*, its agents or employee.

Raelian group *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Kevin McGowan *(signature)* 8-8-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority). OK MG

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

SFPL - 15

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SEP -5 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 12/2/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Sep 2, Oct 7, Nov 4, Dec 2, 1995	Time Requested: 1:30 – 3:30 pm
Facility: WESTERN ADDITION BRANCH	Attendance Expected: 15
Describe event or purpose of meeting: monthly meeting of SF Esperanto Regional Organization	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: San Francisco Esperanto Regional Org.	Non-Profit: Yes ☑ No ○
Purpose of Group/Type of Activities to Take Place in the Library: club meeting – discussion + cultural program	
Primary Contact Person: Charles E. Galvin, Jr.	Position in Group: President
Full Mailing Address: PO Box 2638 SF CA 94126-2638 (121 Cortland SF 94110)	
Day Phone: (415) 673-9300	Evening Phone: (415) 821-9783
Secondary Contact Person: Cathy Schulze	Position in Group: Secretary
Full Mailing Address: 410 Darrell Rd Hillsborough CA 94010	
Day Phone: (415) 342-1796	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

SFERO *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the SFERO *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on SFERO *(group or organization)*, its agents or employee.

SFERO *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

[signature] *(signature)* 2 SEP 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK MGO 9/5/95

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackson

SFPL - 15

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SEP 13 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: First Saturday EA. MO.	Time Requested: 1pm - 5pm
Facility: POTRERO BRANCH	Attendance Expected: 15-20 people
Describe event or purpose of meeting: Computer Club Meeting	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Atari Bay Area Computer Users Soc.	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Computer Demos, Discussion, Training	
Primary Contact Person: Roger Sinasohn	Position in Group: President
Full Mailing Address: 1034 Capitol Ave, SF CA 94112	
Day Phone: (415) 469-7924	Evening Phone: SAME (Press * to page me.)
Secondary Contact Person: Del Severy	Position in Group: EDITOR
Full Mailing Address: 2047 35th Ave, SF CA 94116	
Day Phone: 664-0850	Evening Phone: SAME

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

ABACUS *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the ABACUS *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on ABACUS *(group or organization)*, its agents or employee.

ABACUS *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* 9/2/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

SFPL - 15

Bernal Heights

Internal Revenue Service - Carrie Lawrence
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2473
9/27, 10/18 & 10/31/95: 12:30-3:30 pm
Expiration date: 11/01/95

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Henry George School of No. California - Keira Williams
POB 2544, SF, CA 94126; TEL: 567-3672
Tues 9/26/95: 6:30-8:30 pm
Expiration date: 09/27/95

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Tara Center - Abbie Blair
1830 Fell St, SF, CA 94117; TEL: 387-0988
Tues 9/19/95: 6:30-8:45 pm
Expiration date: 09/20/95

Park

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Tues 8/22 & Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Haight Ashbury Improvement Association - Bill Hoover
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 02/09/96

Haight Ashbury Service Assoc. - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1 pm
Expiration date: 02/16/96

Open Theater Workshop - John Baumann
546 Ashbury St, SF, CA 94117; TEL: 863-9343
2nd Wednesdays: 7-9:30 pm
Expiration date: 02/15/96

San Francisco Police Department - Sgt. Mark Porto
875 Stanyan St, SF, CA 94117; TEL: 553-1061
Tues 9/12/95: 6-9 pm
Expiration date: 09/13/95

Potrero

Internal Revenue Service - Deborah Torres
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2475
10/12 & *10/18/95: 12-4; *4-9 pm
Expiration date: 10/19/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Potrero Hill Parents Assn. - Debbie Schante
394 Connecticut St, SF, CA 94107; TEL: 695-8790
Tues 9/12/95: 6:30-8:30 pm
Expiration date: 09/13/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

SF Chapter, Mystery Readers Int'l - Lorraine Petty
625 Divisadero St #11, SF, CA 94117-1500; TEL: 346-7765
Wed 9/13 & 10/25/95: 7:30 pm
Expiration date: 10/26/95

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Saturdays: 11:30-2 pm
Expiration date: 03/31/96

Western Addition

African/Asian American Roundtable - Roy Harrison
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

Internal Revenue Service - Rick Madden
1301 Clay St, Oakland, CA 94612; TEL: 510-637-2475
9/13 & 10/23/95: 12-4 & 4-9 pm
Expiration date: 10/24/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Esperanto Regional Org. - Charles Galvin Jr.
PO Box 2638, SF, CA 94126-2638; TEL: D 693-9300/E 821-9783
Sat 9/2, 10/7, 11/4 & 12/2/95: 1:30-3:30 pm
Expiration date: 12/03/95

San Francisco Forum Multiple Sclerosis Support - Paul Flavell
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

Senior Citizen Christian Fellowship Group - Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-2:30 pm
Expiration date: 12/20/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

SFPL - 15

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 9-18-95 SEP -5 1995

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

Dates Requested: TUES. SEPT. 12 TH. 1995	Time Requested: 6:00 PM TO 9:00 PM
Facility: **PARK BRANCH**	Attendance Expected: 50-60
Describe event or purpose of meeting: S.F.P.D. COMMUNITY MEETING	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: SAN FRANCISCO POLICE DEPT.	Non-Profit: Yes ○ No ○
Purpose of Group/Type of Activities to Take Place in the Library: COMMUNITY MEETING	
Primary Contact Person: SGT. MARK PORTO	Position in Group: SGT. OF POLICE
Full Mailing Address: 875 STANYAN ST. S.F. 94117	
Day Phone: 553-1061	Evening Phone: —
Secondary Contact Person: CAPT. JAMES LONG	Position in Group: CAPT.
Full Mailing Address: 875 STANYAN ST. S.F. 94117	
Day Phone: 553-1061	Evening Phone: —

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

S.F.P.D. *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the S.F.P.D. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on S.F.P.D. *(group or organization)*, its agents or employee.

S.F.P.D. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Mark S. Porto *(signature)* M SEPT. 1ST. 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK MGS 9/5/95

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vore

JUL 20 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 9-13-95 & 10-23-95	Time Requested: 12pm - 4pm & 4pm - 9pm
Facility: WESTERN ADDITION BRANCH	Attendance Expected: 20 to 30 people
Describe event or purpose of meeting: Electronic Filing Partic pation	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Internal Revenue Service	Non-Profit: Yes ⊗ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Electronic Filing	
Primary Contact Person: ~~Deborah Torres~~ or Rick Maddox	Position in Group: Electronic Filing Specialist
Full Mailing Address: 1301 Clay st, Oakland, Ca 94612	
Day Phone: 510 637-2475	Evening Phone: 510 637-2482
Secondary Contact Person: Deborah Torres	Position in Group: Electronic Filing Coordinator
Full Mailing Address: 1301 Clay st Oakland Ca 94612	
Day Phone: 510 637-2475	Evening Phone: 510 637-2482

FAX: 510-637-2508

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Rick M. _____ *(signature)* 7-12-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackson

SFPL - 15

The U.S. Government is a self-insured entity. By law, in the absence of express statutory authority to the contrary, federal appropriations are not available for the purchase of commercial liability insurance. There is no statutory authority which would allow us to purchase such insurance in this instance. The Comptroller General's reasoning is that "the magnitude of the Federal Government's resources obviously makes it more advantageous for the Government to carry its own risks than to shift them to private insurers ..." 19 Comp Gen 211,214 (1939).

You may reassure the vendor on the questions of liability by pointing out that the Government is self-insured and that Congress has provided liability protection through various Claims Acts.

Claims against the Government for the negligence of its employees can be filed under the Federal Tort Claims Act, or if damage is less than $1000, under the Federal Small Claims Act. If the question of liability concerns IRS employees, the Military Personnel and Civilian Employees' Claims Act, covers any damage to federal employees' property incident to employment. Injury to Employees, while on duty is covered under the Federal Employees' Compensation Act, although this does not preclude employees from bringing an independent action against a third party whose negligence allegedly causes an injury. These acts can be referenced in the agreement.

SF
P75
#31

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

09/14/95

DOCUMENTS DEPT.
SEP 15 1995
SAN FRANCISCO
PUBLIC LIBRARY

Bernal Heights

Internal Revenue Service - Carrie Lawrence
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2473
9/27, 10/18 & 10/31/95: 12:30-3:30 pm
Expiration date: 11/01/95

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Henry George School of No. California - Keira Williams
POB 2544, SF, CA 94126; TEL: 567-3672
Tues 9/26/95: 6:30-8:30 pm
Expiration date: 09/27/95

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Tara Center - Abbie Blair
1830 Fell St, SF, CA 94117; TEL: 387-0988
Tues 9/19/95: 6:30-8:45 pm
Expiration date: 09/20/95

Park

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Tues 8/22 & Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Haight Ashbury Improvement Association - Bill Hoover
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 02/09/96

Haight Ashbury Service Assoc. - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1 pm
Expiration date: 02/16/96

NERT - Neighborhood Emergency Response Training - Frank Lucir
260 Golden Gate, SF, CA 94102; TEL: Pager 560-1110
Sat 10/14/95: 9:30am-12:30 pm
Expiration date: 10/15/95

Open Theater Workshop - John Baumann
546 Ashbury St, SF, CA 94117; TEL: 863-9343
2nd Wednesdays: 7-9:30 pm
Expiration date: 02/15/96

Potrero

Internal Revenue Service - Deborah Torres
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2475
10/12 & *10/18/95: 12-4; *4-9 pm
Expiration date: 10/19/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Potrero Library - Toba Singer
1616 - 20th St, SF, CA 94107; TEL: 695-6640
Sat 11/4 & 11/11/95: 7-9 pm
Expiration date: 11/12/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

SF Chapter, Mystery Readers Int'l - Lorraine Petty
625 Divisadero St #11, SF, CA 94117-1500; TEL: 346-7765
Wed 9/13 & 10/25/95: 7:30 pm
Expiration date: 10/26/95

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Saturdays: 11:30-2 pm
Expiration date: 03/31/96

Western Addition

African/Asian American Roundtable - Roy Harrison
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

Internal Revenue Service - Rick Madden
1301 Clay St, Oakland, CA 94612; TEL: 510-637-2475
9/13 & 10/23/95: 12-4 & 4-9 pm
Expiration date: 10/24/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Esperanto Regional Org. - Charles Galvin Jr.
PO Box 2638, SF, CA 94126-2638; TEL: D 693-9300/E 821-9783
Sat 9/2, 10/7, 11/4 & 12/2/95: 1:30-3:30 pm
Expiration date: 12/03/95

San Francisco Forum Multiple Sclerosis Support - Paul Flavell
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

Senior Citizen Christian Fellowship Group - Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-2:30 pm
Expiration date: 12/20/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

AUG 31 1995 SFPL - 15

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

SEP 5 1995

Expiration Date: Feb 1996

SF 975 #31a 1/5/95 2/1M

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 2nd Thursday	Time Requested: 7:00 pm
Facility: **PARK BRANCH**	Attendance Expected: 25
Describe event or purpose of meeting: Monthly general meeting of neighborhood association	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Haight Ashbury Neighborhood Council	Non-Profit: Yes ☑ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Community forums / discussions	
Primary Contact Person: Donna Gouse	Position in Group: President
Full Mailing Address: 409 Clayton St., SF, CA 94117	
Day Phone: 621-9553	Evening Phone: 564-8757
Secondary Contact Person: Jim Rhoads	Position in Group: Treasurer
Full Mailing Address: c/o 409 Clayton St., SF, CA 94117	
Day Phone: 345-3020	Evening Phone: 566-1767

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

HANC *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the HANC *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on HANC *(group or organization)*, its agents or employee.

HANC *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Donna Gouse *(signature)* 8/30/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK MGS 9/1/96

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

SF
75
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15/95

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SEP - 5 1995

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Tue. 9/19/95	Time Requested: 6:30-8:45 PM
Facility: NOE VALLEY BRANCH	Attendance Expected: ? 5-10
Describe event or purpose of meeting: Show video to public	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Tara Center	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Tara Ctr. is affiliated with Share International, a United Nations non-governmental organization. Our efforts are directed along the lines of priorities in the U.N. charter: sufficient food, shelter, healthcare and (*)	
Primary Contact Person: Abbie Blair	Position in Group: (member)
Full Mailing Address: 1830 Fell St., SF CA 94117	
Day Phone: 415/387-0988	Evening Phone: same
Secondary Contact Person: Monte Leach	Position in Group:
Full Mailing Address: 1277-7th Ave. SF CA 94122	
Day Phone: 415/731-0951	Evening Phone: same

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Tara Center *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of ~~the~~ Tara Center *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Tara Center *(group or organization)*, its agents or employee.

Tara Center *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Abbie Blair *(signature)* 9-2-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: (no) (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Roberta D. Greffey

cf mgs-

SFPL-15

(*) education for all people. The 2 (free) videos we'd like to show seriously examine the occurrence of certain healing phenomena reported recently in the news media. Content is sober, hopeful, and uplifting.

SF
75
3/a
/18/95

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SEP 18 1995
(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: TUESDAY.	Time Requested: 6 TO 9 PM.
Facility: PRESIDIO LIBRARY.	Attendance Expected:
Describe event or purpose of meeting: MEETING OF THE NATIONAL STUTTERING PROJECT. A SELF HELP GROUP FOR PEOPLE WHO STUTTER.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: S.F CHAPTER OF NATIONAL STUTTERING PROJECT	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: MEET OTHERS WITH SPEECH PROBLEMS SHARE, COMMUNICATE, GROW.	
Primary Contact Person: HARDY DAWAIMIS	Position in Group: LOCAL PRESIDENT
Full Mailing Address: 100 CORTE RAMON GREENBRAE CA 94904.	
Day Phone: 415.461 4431	Evening Phone:
Secondary Contact Person: JOHN AHLBACH.	Position in Group: V.P.
Full Mailing Address: 202 KIRKHAM S F. 94122.	
Day Phone: 415 731 1540	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☒ No ☐. If yes, attach insurance rider.

NATIONAL STUTTERING PROJECT *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the N.S.P. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on N.S.P. *(group or organization)*, its agents or employee.

N.S.P. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

John *(signature)* 9.14.1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Catherine M Fremer

OK mgs 9/18/95

SFPL - 15

Bernal Heights

Internal Revenue Service - Carrie Lawrence
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2473
9/27, 10/18 & 10/31/95: 12:30-3:30 pm
Expiration date: 11/01/95

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

GLHOA - Gay/Lesbian Housing Alliance - William Trumbo
1037 Church St, SF, CA 94114; TEL: D 768-2777/E 648-7312
1st Tuesdays beg. 10/3/95: 6:30 pm
Expiration date: 03/06/96

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Henry George School of No. California - Keira Williams
POB 2544, SF, CA 94126; TEL: 567-3672
Tues 9/26/95: 6:30-8:30 pm
Expiration date: 09/27/95

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Park

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Tues 8/22 & Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Haight Ashbury Improvement Association - Bill Hoover
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 02/09/96

Haight Ashbury Service Assoc. - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1 pm
Expiration date: 02/16/96

NERT - Neighborhood Emergency Response Training - Frank Lucir
260 Golden Gate, SF, CA 94102; TEL: Pager 560-1110
Sat 10/14/95: 9:30am-12:30 pm
Expiration date: 10/15/95

Open Theater Workshop - John Baumann
546 Ashbury St, SF, CA 94117; TEL: 863-9343
2nd Wednesdays: 7-9:30 pm
Expiration date: 02/15/96

San Francisco Bicycle Coalition (SFBC) - David Snyder
1095 Market St #215, SF, CA 94103; TEL: D 431-2453/E 668-2406
1st Tuesdays beg. 12/5/95: 6-10 p.m.
Expiration date: 05/08/96

Potrero

Atari Bay Area Computer Users Soc. - Roger Sinasohn
1034 Capitol Ave, SF, CA 94112; TEL: 469-7924
1st Saturdays: 1-5 pm
Expiration date: 03/03/96

Internal Revenue Service - Deborah Torres
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2475
10/12 & *10/18/95: 12-4; *4-9 pm
Expiration date: 10/19/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Potrero Library - Toba Singer
1616 - 20th St, SF, CA 94107; TEL: 695-6640
Sat 11/4 & 11/11/95: 7-9 pm
Expiration date: 11/12/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

SF Chapter of National Stuttering Project - Hardy Dawainis
100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431
Tuesdays: 6-9 pm
Expiration date: 03/27/96

SF Chapter, Mystery Readers Int'l - Lorraine Petty
625 Divisadero St #11, SF, CA 94117-1500; TEL: 346-7765
Wed 9/13 & 10/25/95: 7:30 pm
Expiration date: 10/26/95

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Saturdays: 11:30-2 pm
Expiration date: 03/31/96

Western Addition

African/Asian American Roundtable - Roy Harrison
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

Internal Revenue Service - Rick Madden
1301 Clay St, Oakland, CA 94612; TEL: 510-637-2475
9/13 & 10/23/95: 12-4 & 4-9 pm
Expiration date: 10/24/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Esperanto Regional Org. - Charles Galvin Jr.
PO Box 2638, SF, CA 94126-2638; TEL: D 693-9300/E 821-9783
Sat 9/2, 10/7, 11/4 & 12/2/95: 1:30-3:30 pm
Expiration date: 12/03/95

San Francisco Forum Multiple Sclerosis Support - Paul Flavell
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

Senior Citizen Christian Fellowship Group - Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-2:30 pm
Expiration date: 12/20/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

SAN FRANCISCO PUBLIC LIBRARY SFPL - 15

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

SEP -5 1995

Expiration Date: Feb 1996

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 3rd Thursday	Time Requested: 1:00 pm
Facility: **PARK BRANCH**	Attendance Expected: 15
Describe event or purpose of meeting: Monthly meeting of association of service agencies	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Haight Ashbury Service Assoc.	Non-Profit: Yes ○ No ✓
Purpose of Group/Type of Activities to Take Place in the Library: Monthly discussion/planning meetings	
Primary Contact Person: Donna Crouse	Position in Group: Staff coordinator
Full Mailing Address: 409 Clayton St., SF, CA 94117	
Day Phone: 621-9553	Evening Phone: 564-8757
Secondary Contact Person: Anthony Von der Muhll	Position in Group: Staff coordinator
Full Mailing Address: 409 Clayton St., SF, CA 94117	
Day Phone: 621-9553	Evening Phone: 731-4519

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

HASA *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the HASA *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on HASA *(group or organization)*, its agents or employee.

HASA *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Donna Crouse *(signature)* 8/30/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

OK mgr 9/1/96

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Orr

SF
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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Tues 9/26/95	Time Requested: 6:30 – 8:30 PM
Facility: NOE VALLEY BRANCH	Attendance Expected: 10-20
Describe event or purpose of meeting: Sustainable Communities Roundtable Discussion	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Henry George School of No. California	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library:	
Primary Contact Person: Keira Williams	Position in Group: Operations Director
Full Mailing Address: POB 2544, SF 94126	
Day Phone: 415 567 3672	Evening Phone: Same
Secondary Contact Person: Mary Rose Kaczorowski	Position in Group: Outreach Director
Full Mailing Address: POB 2856, Fort Bragg CA 95437	
Day Phone: 707 964 2742	Evening Phone: same

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Henry George School of (HGS) NO. California *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the HGS *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on HGS *(group or organization)*, its agents or employee.

HGS *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* 8/18/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK MG

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Roberta Haefer

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AUG 3 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 09/27/95; 10/18/95; 10/31/95	Time Requested: 12:30 p.m. - 3:30 p.m.
Facility: BERNAL HEIGHTS BRANCH	Attendance Expected: 30
Describe event or purpose of meeting: SMALL BUSINESS TAX WORKSHOP FOR HOME BASED BUSINESSES.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: INTERNAL REVENUE SERVICE	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: GOVERNMENT AGENCY/EDUCATIONAL SEMINAR ON TAXES FOR SMALL BUSINESS OWNERS.	
Primary Contact Person: CARRIE LAWRENCE	Position in Group: TAXPAYER EDUCATION COORDINATOR
Full Mailing Address: 1301 CLAY ST., STE. 1500S, OAKLAND, CA 94612	
Day Phone: (510)637-2473	Evening Phone:
Secondary Contact Person: JANE FUJII	Position in Group: INSTRUCTOR
Full Mailing Address: 1301 CLAY ST., STE. 1500S, OAKLAND, CA 94612	
Day Phone: (510)637-2473	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

(See attached)

INTERNAL REVENUE SERVICE *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the INTERNAL REVENUE SERVICE *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on INTERNAL REVENUE SERVICE *(group or organization)*, its agents or employee.

INTERNAL REVENUE SERVICE *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Jim Gen Jim Genster *(signature)* 7-28-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: N/A (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $ -0- rec'd/waived by: _____
Key Deposit: $ -0- rec'd/waived by: _____
Janitorial: $ -0- rec'd/waived by: _____

OK MGO. 8/3/95

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

SFPL - 15

AUG 3 1995

San Francisco Public Library Application for Internal Revenue Service to Use of Public Meeting Rooms

Attachment I

The Following Indemnification Clause is substituted for the struck paragraphs on the Application for Use of Public Meeting Rooms and Wavier of Liability shown in the "Rules for Public Use of Library Meeting Facilities":

Subject to the limits of the Anti-Deficiency Act, the IRS agrees to indemnify, defend, and hold harmless the City of San Francisco, its officers, agents, and employees from and against all liability, loss, damage, cost, and expense, including legal expense, which arises out of or in connection with the gross negligence or willful misconduct of the IRS, or its employees in the exercise of any rights granted hereunder to the extent the IRS is liable. The IRS shall be notified immediately of any claim or possibility of a claim arising hereunder and shall at its option be allowed to provide counsel for defense of the claim. Failure to notify the IRS or allow the IRS to provide counsel shall void the indemnification and hold harmless provisions contained herein.

For IRS:

Signed Jim Geul

Title Contracting Officer

Date 7-28-95

For City of San Francisco:

Signed Maria Schneider

Title COR

Date 8/3/95

Internal Revenue Service Department of the Treasury

Regional Commissioner Western Region P.O.Box 420889, San Francisco, Calif. 94142-0889

AUG 3 1995

San Francisco Public Library
Bernal Heights Branch - Manager
San Francisco CA

07/28/95

Dear Madam or Sir,

I understand that you have a requirement that organizations renting conference space obtain liability insurance. As the U.S. Government is a self-insured entity, I would like to offer the following information. Hopefully this will help to assuage any concerns you may now have and permit the IRS to utilize your space with the following understanding.

By law, in the absence of express statutory authority to the contrary, federal appropriations are not available for the purchase of commercial liability insurance. I know of no statutory authority which would allow us to purchase such insurance. The Comptroller General's reasoning is that "the magnitude of the Federal Government's resources obviously makes it more advantageous for the Government to carry its own risks than to shift them to private insurers ..." 19 Comp Gen 211,214 (1939).

Please be assured however, the Congress has provided liability protection through various Claims Acts. Claims against the Government for the negligence of its employees can be filed under the Federal Tort Claims Act, or if damage is less than $1000, under the Federal Small Claims Act. If the question of liability concerns IRS employees, the Military Personnel and Civilian Employees' Claims Act, covers any damage to federal employees' property incident to employment. Injury to Employees, while on duty is covered under the Federal Employees' Compensation Act, although this does not preclude employees from bringing an independent action against a third party whose negligence allegedly causes an injury.

If necessary you may reference these claims acts in your rental agreement. Hopefully this information will assure you that the Government, through the claims acts listed above would meet your insurance requirement.

The agreement also requires organizations to indemnify the City. The clause as written may not be enforceable in the Federal Court as it potentially violates the Anti-Deficiency Act (31 U.S.C. 1341). The Act prohibits agencies from incurring obligations in excess of available appropriations. Furthermore, this clause possibly offers the City no protection against

AUG 3 1995

liability because under the Act it may not be legally binding upon the United States. See Frank v. United States, 797 F.2d 724, 727 (9th Cir. 1986) (indemnity clauses potentially void unless Congress first appropriates necessary funds). A substitute is offered as Attachment I.

If you, or your counsel has any questions or if additional information is required, please contact me at 415-556-0691.

Sincerely,

Jim Gensler
Contracting Officer

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SEP 19 1995
(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: ~~August 2000~~ 1ST TUES. OF MONTH	Time Requested: 6:30PM beginning OCT. 3
Facility: NOE VALLEY BRANCH	Attendance Expected: 30-40
Describe event or purpose of meeting: Discussion of Gay/Lesbian Housing issues	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: GLHOA - Gay/Lesbian Housing Affiate	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Discuss issues with membership	
Primary Contact Person: William TRUMBO	Position in Group: Vice-chair
Full Mailing Address: 1037 Church St.	
Day Phone: 768-2777	Evening Phone: 648-7312
Secondary Contact Person:	Position in Group:
Full Mailing Address:	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

GLHOA *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the GLHOA *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on GLHOA *(group or organization)*, its agents or employee.

GLHOA *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

William O. Trumbo *(signature)* 9-12-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OR
HMS
9/19/95

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Roberta O. Shafer

SFPL - 15

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SEP 11 1995

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SAN FRANCISCO PUBLIC LIBRARY

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: June 28

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Tuesday Oct. 10	Time Requested: 6:30 – 9:30
Facility: Park Branch Meeting Room	Attendance Expected: 40 – 80
Describe event or purpose of meeting: Disaster Training for neighborhood sponsored by S.F. Fire Dept.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: NERT- Neighborhood Emergency Response Training	Non-Profit: Yes ⊘ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Disaster Training	
Primary Contact Person: Frank Lucir (SF Fire Dept)	Position in Group: Coordinator of citywide training
Full Mailing Address: 260 Golden Gate 94102	
Day Phone:	Evening Phone: pager: 560-1110
Secondary Contact Person: Tes Welborn	Position in Group: coordinator of Haight training
Full Mailing Address: 2001 Oak Street	
Day Phone: 752-9297	Evening Phone: 752-8520

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

NERT *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the NERT *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on NERT *(group or organization)*, its agents or employee.

NERT *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Tes Welborn *(signature)* 9/7/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: RV (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK MCG 9/12/95

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Ore

SEPL - 15

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OCT 6 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 10/10/95	Time Requested: 6:30 - 9pm
Facility: POTRERO BRANCH	Attendance Expected: @ 12 people
Describe event or purpose of meeting: Potrero Hill Parents Assoc. General Meeting	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: PHPA	Non-Profit: Yes ✓ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Group Meeting @ neighborhood activities for kids	
Primary Contact Person: MARIA CRISTINA	Position in Group: Council Member
Full Mailing Address: 770 Dethero #3 SF CA 94107	
Day Phone: 648 0705	Evening Phone: same
Secondary Contact Person: Alison Heath	Position in Group: Council Member
Full Mailing Address: 333 Mississippi	
Day Phone: ~~648-0705~~ 550-1116	Evening Phone: 550-1116

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

PHPA *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the PHPA *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on PHPA *(group or organization)*, its agents or employee.

PHPA *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Maria Cristina *(signature)* 10/4/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

DL mgs 10/6/95

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

10/12/95

DOCUMENTS DEPT.
OCT 13 1995
SAN FRANCISCO
PUBLIC LIBRARY

Bernal Heights

Internal Revenue Service - Carrie Lawrence
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2473
9/27, 10/18 & 10/31/95: 12:30-3:30 pm
Expiration date: 11/01/95

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

Friends for Life - Karen Strauss
SFPK, Civic Center, SF, CA 94102; TEL: 557-4351
Tues 10/24/95: 5 pm
Expiration date: 10/25/95

GLHOA - Gay/Lesbian Housing Alliance - William Trumbo
1037 Church St, SF, CA 94114; TEL: D 768-2777/E 648-7312
1st Tuesdays beg. 10/3/95: 6:30 pm
Expiration date: 03/06/96

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Henry George School of No. California - Keira Williams
POB 2544, SF, CA 94126; TEL: 567-3672
Tues 9/26/95: 6:30-8:30 pm
Expiration date: 09/27/95

Playreading Group - Saul Fenster
520 Day St, SF, CA 94131; TEL: 647-2483
Tuesdays: 2-4 pm
Expiration date: 09/27/95

Park

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, SF, CA 94117; TEL: 431-1414
Tues 8/22 & Wed 10/18/95: 6-10 pm
Expiration date: 10/19/95

Haight Ashbury Improvement Association - Bill Hoover
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 02/09/96

Haight Ashbury Service Assoc. - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays: 1 pm
Expiration date: 02/16/96

NERT - Neighborhood Emergency Response Training - Frank Lucir
260 Golden Gate, SF, CA 94102; TEL: Pager 560-1110
Sat 10/14/95: 9:30am-12:30 pm
Expiration date: 10/15/95

Open Theater Workshop - John Baumann
546 Ashbury St, SF, CA 94117; TEL: 863-9343
1st Thursdays: 7-9:30 pm
Expiration date: 03/08/96

San Francisco Bicycle Coalition (SFBC) - David Snyder
1095 Market St #215, SF, CA 94103; TEL: D 431-2453/E 668-2406
1st Tuesdays beg. 12/5/95: 6-10 p.m.
Expiration date: 05/08/96

Potrero

Atari Bay Area Computer Users Soc. - Roger Sinasohn
1034 Capitol Ave, SF, CA 94112; TEL: 469-7924
1st Saturdays: 1-5 pm
Expiration date: 03/03/96

Internal Revenue Service - Deborah Torres
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2475
10/12 & *10/18/95: 12-4; *4-9 pm
Expiration date: 10/19/95

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Potrero Library - Toba Singer
1616 - 20th St, SF, CA 94107; TEL: 695-6640
Sat 11/4 & 11/11/95: 7-9 pm
Expiration date: 11/12/95

Starr King Park's Board of Directors - Jane Fay
96 Calle Terrace, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 10/12/95

Strategic Planning Committee - Jim Queen
1060 Tennessee St, SF, CA 94107; TEL: D 282-3535/E 550-2347
Wed 6/21; 7/19; 8/16; 9/6, 27; 10/18/95: 1-3 pm
Expiration date: 10/19/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

SF Chapter of National Stuttering Project - Hardy Dawainis
100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431
Tuesdays: 6-9 pm
Expiration date: 03/27/96

SF Chapter, Mystery Readers Int'l - Lorraine Petty
625 Divisadero St #11, SF, CA 94117-1500; TEL: 346-7765
Wed 9/13 & 10/25/95: 7:30 pm
Expiration date: 10/26/95

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Saturdays: 11:30-2 pm
Expiration date: 03/31/96

Western Addition

African/Asian American Roundtable - Roy Harrison
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

Internal Revenue Service - Rick Madden
1301 Clay St, Oakland, CA 94612; TEL: 510-637-2475
9/13 & 10/23/95: 12-4 & 4-9 pm
Expiration date: 10/24/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Esperanto Regional Org. - Charles Galvin Jr.
PO Box 2638, SF, CA 94126-2638; TEL: D 693-9300/E 821-9783
Sat 9/2, 10/7, 11/4 & 12/2/95: 1:30-3:30 pm
Expiration date: 12/03/95

San Francisco Forum Multiple Sclerosis Support - Paul Flavell
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

Senior Citizen Christian Fellowship Group - Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-2:30 pm
Expiration date: 12/20/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 10/12/95 and 10/18/95	Time Requested: Oct 12 - 12:00 - 4:00pm Oct 18th - 4:00pm - 9:00pm
Facility: POTRERO BRANCH	Attendance Expected: 20 to 30
Describe event or purpose of meeting: Electronic Filing Workshop	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: INTERNAL REVENUE SERVICE	Non-Profit: Yes ✓ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Electronic Filing	
Primary Contact Person: Deborah Torres	Position in Group: Electronic Filing Coordinator
Full Mailing Address: 1301 Clay St, Suite 1500S - Oakland, Ca 94612	
Day Phone: (510) 637-2475	Evening Phone: (510) 637-2482
Secondary Contact Person: Rick Madden	Position in Group: Electronic Filing Specialist
Full Mailing Address: 1301 Clay St - Suite 1500S - Oakland, Ca 94612	
Day Phone: (510) 637-2475	Evening Phone: (510) 637-2482

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.
See attachment #1

~~_____ (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ (group or organization), its agents or employee.~~

~~_____ (identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.~~

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ (signature) 7-17-95 (date).

SPECIAL AUTHORIZATION:

REFRESHMENTS: n/a

FEES PAID/WAIVED: _____ (initials of authorizing authority).

Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available. Alternate Suggested: _____

OK MGO 8/3/95

BY: BRANCH/MAIN MANAGER: _____

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JUL 28 1995

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Expiration Date: _____

Dates Requested: 10/12/95 and 10/18/95	Time Requested: Oct 12 - 12:00 - 4:00pm Oct 18th - 4:00pm - 9:00pm
Facility: POTRERO BRANCH	Attendance Expected: 20 to 30
Describe event or purpose of meeting: Electronic Filing Workshop	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: INTERNAL REVENUE SERVICE	Non-Profit: Yes ✓ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Electronic Filing	
Primary Contact Person: Deborah Torres	Position in Group: Electronic Filing Coordinator
Full Mailing Address: 1301 Clay St, Suite 1500S - Oakland, Ca 94612	
Day Phone: (510) 637-2475	Evening Phone: (510) 637-2482
Secondary Contact Person: Rick Madden	Position in Group: Electronic Filing Specialist
Full Mailing Address: 1301 Clay St - Suite 1500S - Oakland, Ca 94612	
Day Phone: (510) 637-2475	Evening Phone: (510) 637-2482

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.
See attachment #1

~~_____ (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ (group or organization), its agents or employee.~~

~~_____ (identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.~~

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ (signature) 7-17-95 (date).

SPECIAL AUTHORIZATION:

REFRESHMENTS: n/a (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

OK
MGG
8/3/95

BY: BRANCH/MAIN MANAGER: _____

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JUL 28 1995

Amendment #1

Application for IRS to San Francisco Public Library -
Use of Public Meeting Rooms

The following Indemnification Clause is substituted for the Indemnification Clause contained in the Application for Use of Facilities:

Subject to the limits of the Anti-Deficiency Act, the IRS agrees to indemnify, defend, and hold harmless the City of San Francisco, San Francisco Public Library its officers, agents, and employees from and against all liability, loss, damage, cost, and expense, including legal expense, which arises out of or in connection with the gross negligence or willful misconduct of the IRS, or its employees in the exercise of any rights granted hereunder to the extent the IRS is liable. The IRS shall be notified immediately of any claim or possibility of a claim arising hereunder and shall at its option be allowed to provide counsel for defense of the claim. Failure to notify the IRS or allow the IRS to provide counsel shall void the indemnification and hold harmless provisions contained herein.

FOR: THE INTERNAL REVENUE SERVICE	FOR: CITY OF SAN FRANCISCO
BY (SIGNATURE):	BY (SIGNATURE):
Jim Gensler	
NAME: Jim Gensler	NAME:
TITLE: Contracting Officer	TITLE:
DATE: 07/17/95	DATE:

MAY 17 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 10/19/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: October 18, 1995	Time Requested: 6:00 p.m. to 10:00 p.m.
Facility: Park Branch Community Room	Attendance Expected: 40 - 60 people
Describe event or purpose of meeting: Discussion of community issues, usually with guest speakers.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Cole Valley Improvement Association	Non-Profit: Yes ⊗ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Discussions of community issues	
Primary Contact Person: Karen Cromnie	Position in Group: President
Full Mailing Address: 628 Ashbury St., S.F. 94117	
Day Phone: (415) 431-1414	Evening Phone: (415) 431-1414
Secondary Contact Person: Doerte Murray	Position in Group: Treasurer
Full Mailing Address: 526 Clayton St., S.F., 94117	
Day Phone: 626-3607	Evening Phone: 626-3607

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Cole Valley Improvement Assn *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Cole Valley Imp. Assn. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Cole Valley Imp. Assn. *(group or organization)*, its agents or employee.

Cole Valley Imp. Assn. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Karen Lynn Cromnie *(signature)* May 11, 1995 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Hale

DOCUMENTS DEPT.
JUN 09 1995
SAN FRANCISCO
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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

10/27/95

DOCUMENTS DEPT.
OCT 30 1995
SAN FRANCISCO
PUBLIC LIBRARY

Bayview/Anna E. Waden

Gentle Flame Evangelistic Association - Rev. Telema Okobi
POB 881553, SF, CA 94188-1553; TEL: D 487-0231/E 227-7071
Tuesdays: 11 am-1 pm
Expiration date: 05/01/95

Bernal Heights

Internal Revenue Service - Carrie Lawrence
1301 Clay St, Ste 1500S, Oakland, CA 94612; TEL: 510-637-2473
9/27, 10/18 & 10/31/95: 12:30-3:30 pm
Expiration date: 11/01/95

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231/E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

GLHOA - Gay/Lesbian Housing Alliance - William Trumbo
1037 Church St, SF, CA 94114; TEL: D 768-2777/E 648-7312
1st Tuesdays beg. 10/3/95: 6:30 pm
Expiration date: 03/06/96

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Park

Haight Ashbury Improvement Association - Bill Hoover
92 - 25th St, SF, CA 94110; TEL: 648-3174
1st Wednesdays: 7-9 pm
Expiration date: 11/02/95

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
2nd Thursdays: 7 pm
Expiration date: 02/09/96

Haight Ashbury Service Assoc. - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553/E 564-8757
3rd Thursdays (4th Thursday in October): 1-3 pm
Expiration date: 02/16/96

NERT - Neighborhood Emergency Response Training - Frank Lucir
260 Golden Gate, SF, CA 94102; TEL: D 558-3456; Pager 560-1110
Tues 2/13, 20, 27/96; 3/12, 26/96: 6:30-9:30 pm
Expiration date: 03/27/96

Neighborhood Emergency Team (NET) - Tes Welborn
2001 Oak St, SF, CA 94117; TEL: 752-8520
*11/11/95; **1/9/96 & 4/9/96: * 10-12; ** 6:30-9 pm
Expiration date: 04/10/96

Open Theater Workshop - John Baumann
546 Ashbury St, SF, CA 94117; TEL: 863-9343
1st Thursdays: 7-9:30 pm
Expiration date: 03/08/96

San Francisco Bicycle Coalition (SFBC) - David Snyder
1095 Market St #215, SF, CA 94103; TEL: D 431-2453/E 668-2406
1st Tuesdays beg. 12/5/95: 6-10 p.m.
Expiration date: 05/08/96

Word for Word - Susan Harloe
938 Howard #201, SF, CA 94103; TEL: 557-4276
Sat 11/18/95: 9-2
Expiration date: 11/19/95

Potrero

Atari Bay Area Computer Users Soc. - Roger Sinasohn
1034 Capitol Ave, SF, CA 94112; TEL: 469-7924
1st Saturdays: 1-5 pm
Expiration date: 03/03/96

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
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Potrero Library - Toba Singer
1616 - 20th St, SF, CA 94107; TEL: 695-6640
Sat 11/4 & 11/11/95: 7-9 pm
Expiration date: 11/12/95

Presidio

Cx Caffeine Anonymous - Susan O'Sullivan
1350 Washington St #30, SF, CA 94109-4156; TEL: 346-2602
1st Saturdays: 3-4:15 pm
Expiration date: 11/05/95

SF Chapter of National Stuttering Project - Hardy Dawainis
100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431
Tuesdays: 6-9 pm
Expiration date: 03/27/96

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Saturdays: 11:30-2 pm
Expiration date: 03/31/96

Western Addition

African/Asian American Roundtable - Roy Harrison
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

Gay Men's Spiritual Retreat - Gary Delnhery
2078 Ellis St, SF, CA 94115; TEL: 931-3690
Sat 10/4/95: 3:30-6 pm
Expiration date: 11/05/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Esperanto Regional Org. - Charles Galvin Jr.
PO Box 2638, SF, CA 94126-2638; TEL: D 693-9300/E 821-9783
Sat 9/2, 10/7, 11/4 & 12/2/95: 1:30-3:30 pm
Expiration date: 12/03/95

San Francisco Forum Multiple Sclerosis Support - Paul Flavell
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

Senior Citizen Christian Fellowship Group - Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-2:30 pm
Expiration date: 12/20/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SEP 11 1995

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: 11/4, 11/11	Time Requested: 7-9 pm
Facility: POTRERO BRANCH	Attendance Expected: 20
Describe event or purpose of meeting: "A History of Mayan Culture" - 11/4 Education on Central America 11/11 Noah's Ark - a film on Chiapas by Caitlin Manning.	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Potrero Library	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: films, slide shows, lectures	
Primary Contact Person: TOBA SINGER	Position in Group: Librarian
Full Mailing Address: 1616 20th St.	
Day Phone: 695-6641	Evening Phone: 695-6641
Secondary Contact Person: David Matsuda	Position in Group:
Full Mailing Address: 834 Arkansas	
Day Phone: 285-6817	Evening Phone: 285-6817

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

Potrero Library *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Toba Singer *(signature)* 8/21/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Toba Singer

OK MGS 9/12/95

SFPL - 15

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OCT 3 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date:_____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: November 11, 1995	Time Requested: 3:00 - 5:00 P.M.
Facility: WESTERN ADDITION BRANCH	Attendance Expected: 15-25
Describe event or purpose of meeting: Town hall meeting. Chance for input on policies and guide lines from our group.	

INFORMATION ON REQUESTING ORGANIZATION: GMSR

Name of Group: Gay Mens Spiritual Retreat	Non-Profit: Yes ☑ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Twice yearly retreat for gay men to work and support each other around issues of spirituality and dealing with loss etc.	
Primary Contact Person: Gary Delehery	Position in Group: Coordinating Committee Member
Full Mailing Address: 2078 Ellis	
Day Phone: 9313690	Evening Phone: 9313690
Secondary Contact Person:	Position in Group:
Full Mailing Address:	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

GMSR *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the GMSR *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on GMSR *(group or organization)*, its agents or employee.

GMSR *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Gary A Delehery *(signature)* 10·2·95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK mgs initials

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Joan Jackson

SFPL - 15

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SAN FRANCISCO PUBLIC LIBRARY OCT 23 1995 SFPL - 15

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: April 10, 1996

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Nov. 11, 1995, Jan. 9 and April 9, 1996	Time Requested: Nov. 11 10-12; All other dates 6:30-9 pm
Facility: **PARK BRANCH**	Attendance Expected: 20
Describe event or purpose of meeting: Planning for disaster preparedness	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Neighborhood Emergency Team (NET)	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: meeting on disaster preparedness	
Primary Contact Person: Tes Welborn	Position in Group: Coordinator
Full Mailing Address: Tes 2001 Oak St., S.F. 94117	
Day Phone: 752-8520	Evening Phone: 752-8520
Secondary Contact Person: Kim or Larry Fergison	Position in Group: Leaders
Full Mailing Address: 525 Cole #1, S.F. 94117	
Day Phone: 556-8214 x2654 (Larry)	Evening Phone: 386-4920

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

N.E.T. *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the N.E.T. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on N.E.T. *(group or organization)*, its agents or employee.

N.E.T. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Teresa M Welborn *(signature)* 10-19-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK MB 10/23/95

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

Bayview/Anna E. Waden

Gentle Flame Evangelistic Association - Rev. Telema Okobi
POB 881553, SF, CA 94188-1553; TEL: D 487-0231 / E 227-7071
Tuesdays: 11 am-1 pm
Expiration date: 05/01/96

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231 / E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

S.L.U.G. - Kenneth Dickinson
358 Paris St, SF, CA 94112; TEL: D 507-0384 / E 334-2720
Tues 12/5/95: 6:30-8:45 pm
Expiration date: 12/06/95

Noe Valley/Sally Brunn

Existential Reading Group - Chris Yielding
1686 Great Hwy #4, SF, CA 94122; TEL: 661-2918
3rd Tuesdays beg. 5/16/95: 6-8:30 pm
Expiration date: 11/22/95

GLHOA - Gay/Lesbian Housing Alliance - William Trumbo
1037 Church St, SF, CA 94114; TEL: D 768-2777 / E 648-7312
1st Tuesdays beg. 10/3/95: 6:30 pm
Expiration date: 03/06/96

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Park

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553 / E 564-8757
2nd Thursdays: 7 pm
Expiration date: 02/09/96

Haight Ashbury Service Assoc. - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553 / E 564-8757
3rd Thursdays (4th Thursday in November): 1-3 pm
Expiration date: 02/16/96

Institute of Noetic Sciences SF - Jerry Reith
295 - 89th St, Suite 201, Daly City, CA 94015; TEL: D 755-4684 / E 757-1948
Tues 11/21/95: 7-10 pm
Expiration date: 11/22/95

NERT - Neighborhood Emergency Response Training - Frank Lucir
260 Golden Gate, SF, CA 94102; TEL: D 558-3456; Pager 560-1110
Tues 2/13, 20, 27/96; 3/12, 26/96: 6:30-9:30 pm
Expiration date: 03/27/96

Neighborhood Emergency Team (NET) - Tes Welborn
2001 Oak St, SF, CA 94117; TEL: 752-8520
*11/11/95; **1/9/96 & 4/9/96: * 10-12; ** 6:30-9 pm
Expiration date: 04/10/96

Open Theater Workshop - John Baumann
546 Ashbury St, SF, CA 94117; TEL: 863-9343
1st Thursdays: 7-9:30 pm
Expiration date: 03/08/96

San Francisco Bicycle Coalition (SFBC) - David Snyder
1095 Market St #215, SF, CA 94103; TEL: D 431-2453 / E 668-2406
1st Tuesdays beg. 12/5/95: 6-10 p.m.
Expiration date: 05/08/96

Women's Needs Center - Veronica Alvarez
1825 Haight St, SF, CA 94117; TEL: D 487-5612 / E 864-6612
Tues 12/19/95: 4-7 pm
Expiration date: 12/20/95

Word for Word - Susan Harloe
938 Howard #201, SF, CA 94103; TEL: 557-4276
Sat 11/18/95: 9 am-2 pm
Expiration date: 11/19/95

Potrero

Atari Bay Area Computer Users Soc. - Roger Sinasohn
1034 Capitol Ave, SF, CA 94112; TEL: 469-7924
1st Saturdays: 1-5 pm
Expiration date: 03/03/96

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Starr King Park - Jane Fay
96 Caîre Ter, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 05/09/95

Presidio

SF Chapter of National Stuttering Project - Hardy Dawainis
100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431
Tuesdays: 6-9 pm
Expiration date: 03/27/96

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Saturdays: 11:30-2 pm
Expiration date: 03/31/96

Western Addition

African/Asian American Roundtable - Roy Harrison
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Esperanto Regional Org. - Charles Galvin Jr.
PO Box 2638, SF, CA 94126-2638; TEL: D 693-9300 / E 821-9783
Sat 9/2, 10/7, 11/4 & 12/2/95: 1:30-3:30 pm
Expiration date: 12/03/95

San Francisco Forum Multiple Sclerosis Support - Paul Flavell
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

Senior Citizen Christian Fellowship Group - Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-2:30 pm
Expiration date: 12/20/95

United We Stand America - William Clark
1379 - 9th Ave, SF, CA 94122; TEL: 566-0629
2nd Saturdays: 12-2:30 pm
Expiration date: 12/10/95

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SEP 22 1995 SFPL - 15
(Adopted 9/15/92)

Expiration Date: Nov. 18, 1995

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: Friday Nov 17, 1995	Time Requested: 6-9 pm
Facility: **PARK BRANCH**	Attendance Expected: 10-15
Describe event or purpose of meeting: Offer free video screening to the public. / Healing Videos	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Tara Center, N. Calif.	Non-Profit: Yes ☑ No ○
Purpose of Group/Type of Activities to Take Place in the Library: (please see attached)	
Primary Contact Person: Abbie Blair	Position in Group: (member)
Full Mailing Address: 1830 Fell St., SF CA 94117	
Day Phone: 387-0988	Evening Phone: Same
Secondary Contact Person: Monte Leach	Position in Group: (member)
Full Mailing Address: 1277-7th Ave., SF CA 94122	
Day Phone: 731-0951	Evening Phone: Same

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

Tara Center N.Cal. *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the TCNC *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on TCNC *(group or organization)*, its agents or employee.

TCNC *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Abbie Blair *(signature)* 9-20-95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: N/A (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $____ rec'd/waived by: ____
Key Deposit: $____ rec'd/waived by: ____
Janitorial: $____ rec'd/waived by: ____

OK MGS 9/22/95

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: ____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

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9/9/95

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: NOV. 22, 1995 NOV 09 1995

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

Dates Requested: Tues. Nov. 21, 1995	Time Requested: 7:00 PM - 10:00 PM
Facility: **PARK BRANCH**	Attendance Expected: 10-15 people
Describe event or purpose of meeting: Twice monthly discussion group this speaker, Suzanne Fried, M.F.C.C. "Soul work in daily lives"	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Institute of Noetic Sciences SF	Non-Profit: Yes ⊖ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Discussion, research, community involvement	
Primary Contact Person: Jerry J. Reith, D.C.	Position in Group: Group Leader
Full Mailing Address: Dr. Jerry J. Reith c/o Reith Health Care 295 89th Street, Suite 201 Daly City, CA 94015	
Day Phone: (415) 755-4684	Evening Phone: (415) 757-1948
Secondary Contact Person: Olive James	Position in Group: Asst leader
Full Mailing Address: 1483 Sutter Street #522 SF Public Library San Francisco CA 94109	
Day Phone: 557-4411	Evening Phone: 795-2530

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

I. O. N. S. *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the I. O. N. S. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on I. O. N. S *(group or organization)*, its agents or employees.

I. O. N. S. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Jerry J. Reith D.C. *(signature)* 11/8/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

OK mgs 10/15/95

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth Vose

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10/27/95

OCT 27 1995

SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

DOCUMENTS DEPT.
OCT 31 1995
SAN FRANCISCO
PUBLIC LIBRARY

Dates Requested: 11/28/95 Tues	Time Requested: 6:00-8:30
Facility: NOE VALLEY BRANCH	Attendance Expected: 15-20
Describe event or purpose of meeting: Friends for life volunteer meeting	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: Friends for life	Non-Profit: Yes ☒ No ○
Purpose of Group/Type of Activities to Take Place in the Library: Meeting of volunteers	
Primary Contact Person: Karen Strauss	Position in Group: Coordinator
Full Mailing Address: SFPL, 45 Hyde Street, SF CA 94102	
Day Phone: 557.4351	Evening Phone: —
Secondary Contact Person: Lorena Arroyo	Position in Group: Lib. Tech.
Full Mailing Address: same	
Day Phone: 557.4352	Evening Phone: —

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Friends for life (FFL) *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the FFL *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on FFL *(group or organization)*, its agents or employee.

FFL *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Karen Strauss *(signature)* 10.26.95 *(date)*.

SPECIAL AUTHORIZATION:

OK NSG

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Roberta Feeley

To: ~~NCLA~~ 8/5/D

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 12/95

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

Dates Requested: DECEMBER 5, 1995	Time Requested: 6:30 - 8:45
Facility: EXCELSIOR BRANCH	Attendance Expected: 25 - 30
Describe event or purpose of meeting: SLUG TREE PLANTING ORGANIZATIONAL MEETING	

INFORMATION ON REQUESTING ORGANIZATION:

Name of Group: S.L.U.G.	Non-Profit: Yes ✓ No ○
Purpose of Group/Type of Activities to Take Place in the Library: NEIGHBORS ARRANGING NEIGHBORHOOD TREE PLANTING	
Primary Contact Person: KENNETH DICKINSON	Position in Group: VOLUNTEER
Full Mailing Address: 358 PARIS STREET SAN FRANCISCO CA 94112	
Day Phone: 507-0384	Evening Phone: 334-2720
Secondary Contact Person:	Position in Group:
Full Mailing Address:	
Day Phone:	Evening Phone:

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

Kenneth Dickinson, For SLUG Volunteer Meeting *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Kenneth Dickinson *(signature)* 11/11/95 *(date)*.

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

OK 11/14/95

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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

12/13/95

DOCUMENTS DEPT
DEC 14 1995
SAN FRANCISCO
PUBLIC LIBRARY

Bayview/Anna E. Waden

Gentle Flame Evangelistic Association - Rev. Telema Okobi
POB 881553, SF, CA 94188-1553; TEL: D 487-0231 / E 227-7071
Tuesdays: 11 am-1 pm
Expiration date: 05/01/96

Bernal Heights

Bernal Books Writers Group - Eileen McCann
337 Elsie St, SF, CA 94110; TEL: 282-0794
1/11, 12/20 & 3/19/96: 7-8:30 pm
Expiration date: 03/20/96

Excelsior

CWEST- San Francisco Commodore & Amiga Users Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
2nd Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/14/95

Excelsior Business Assoc. Ltd. - Suen Ming
4477 Mission St, SF, CA 94112; TEL: D 587-1231 / E 333-2239
4th Wednesdays, July - December 1995: 6:30-8:45 pm
Expiration date: 12/28/95

Noe Valley/Sally Brunn

GLHOA - Gay/Lesbian Housing Alliance - William Trumbo
1037 Church St, SF, CA 94114; TEL: D 768-2777 / E 648-7312
1st Tuesdays beg. 10/3/95: 6:30 pm
Expiration date: 03/06/96

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Park

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553 / E 564-8757
2nd Thursdays (except 12/14/95): 7 pm
Expiration date: 02/09/96

Haight Ashbury Service Assoc. - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553 / E 564-8757
3rd Thursdays (4th Thursday in November): 1-3 pm
Expiration date: 02/16/96

NERT - Neighborhood Emergency Response Training - Frank Lucir
260 Golden Gate, SF, CA 94102; TEL: D 558-3456; Pager 560-1110
Tues 2/13, 20, 27/96; 3/12, 26/96: 6:30-9:30 pm
Expiration date: 03/27/96

Neighborhood Emergency Team (NET) - Tes Welborn
2001 Oak St, SF, CA 94117; TEL: 752-8520
*11/11/95; **1/9/96 & 4/9/96: * 10-12; ** 6:30-9 pm
Expiration date: 04/10/96

Open Theater Workshop - John Baumann
546 Ashbury St, SF, CA 94117; TEL: 863-9343
1st Thursdays: 7-9:30 pm
Expiration date: 03/08/96

San Francisco Bicycle Coalition (SFBC) - David Snyder
1095 Market St #215, SF, CA 94103; TEL: D 431-2453 / E 668-2406
1st Tuesdays beg. 12/5/95: 6-10 p.m.
Expiration date: 05/08/96

Women's Needs Center - Veronica Alvarez
1825 Haight St, SF, CA 94117; TEL: D 487-5612 / E 864-6612
Tues 12/19/95: 4-7 pm
Expiration date: 12/20/95

Potrero

Atari Bay Area Computer Users Soc. - Roger Sinasohn
1034 Capitol Ave, SF, CA 94112; TEL: 469-7924
1st Saturdays: 1-5 pm
Expiration date: 03/03/96

Potrero Boosters & Merchants Assoc. - Richard Millet
1459 - 18th St #133, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 7-9 pm
Expiration date: 12/27/95

Starr King Park - Jane Fay
96 Caire Ter, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 05/09/95

Presidio

Earthwatch - Claire Nelson
180 Ravenhill Rd, Orinda, CA 94563; TEL: 510-254-5113
2/21 & 3/1/96: 6:30-9 pm
Expiration date: 03/02/96

SF Chapter of National Stuttering Project - Hardy Dawainis
100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431
Tuesdays: 6-9 pm
Expiration date: 03/27/96

Richmond

The Housing Committee - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Saturdays: 11:30-2 pm
Expiration date: 03/31/96

Western Addition

African/Asian American Roundtable - Roy Harrison
3181 Mission St #15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 7-9 pm
Expiration date: 12/19/95

American Chronic Pain Assoc. - Jeri Raimonoi
1845 Franklin St #305, SF, CA 94109; TEL: 771-6553
2nd & 4th Thursdays: 1-3 pm
Expiration date: 12/29/95

San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/14/95

San Francisco Forum Multiple Sclerosis Support - Paul Flavell
PO Box 31374, SF, CA 94131-0374; TEL: 334-1631
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 12/31/95

Senior Citizen Christian Fellowship Group - Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-2:30 pm
Expiration date: 12/20/95

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12/29/95

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Bayview/Anna E. Waden

Gentle Flame Evangelistic Association - Rev. Telema Okobi
POB 881553, SF, CA 94188-1553; TEL: D 487-0231, E 227-7071
Tuesdays: 11 am-1 pm
Expiration date: 05/01/96

Bernal Heights

Bernal Books Writers Group - Eileen McCann
337 Elsie St, SF, CA 94110; TEL: 282-0794
1/11, 12/20 & 3/19/96: 7-8:30 pm
Expiration date: 03/20/96

Raelian Group - Kevin McGowan
140A Langton St, SF, CA 94103; TEL: 863-5173
Tues 2/13/96: 6 pm
Expiration date: 02/14/96

Excelsior

CWEST - San Francisco Commodore & Amiga User Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
Wed 2/14, 3/13, 4/10, 5/8 & 6/12/96: 6:30-8:45 pm
Expiration date: 06/13/96

Golden Gate Valley

Agnes Quigley - John Allen
1126 Filbert St, SF, CA 94109; TEL: D 928-7991, E 707-869-1624
Tues 1/16/96: 1-2 pm
Expiration date: 01/17/96

Noe Valley/Sally Brunn

GLHOA - Gay/Lesbian Housing Alliance - William Trumbo
1037 Church St, SF, CA 94114; TEL: D 768-2777, E 648-7312
1st Tuesdays beg. 10/3/95: 6:30 pm
Expiration date: 03/06/96

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Project Read - Kerry Engler
662 Clayton St #6, SF, CA 94117; TEL: 255-1480
Tuesdays, except 1st Tuesday of month: 6-8 pm
Expiration date: 06/26/96

Park

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553, E 564-8757
2nd Thursdays (except 12/14/95): 7 pm
Expiration date: 02/09/96

Haight Ashbury Service Assoc. - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553, E 564-8757
3rd Thursdays (2nd Thursday in 1/96): 1-3 pm
Expiration date: 02/16/96

NERT - Neighborhood Emergency Response Training - Frank Lucir
260 Golden Gate, SF, CA 94102; TEL: D 558-3456, Pager 560-1110
Tues 2/13, 20, 27/96; 3/12, 26/96: 6:30-9:30 pm
Expiration date: 03/27/96

Neighborhood Emergency Team (NET) - Tes Welborn
2001 Oak St, SF, CA 94117; TEL: 752-8520
*11/11/95; **1/9/96 & 4/9/96: * 10-12; ** 6:30-9 pm
Expiration date: 04/10/96

Open Theater Workshop - John Baumann
546 Ashbury St, SF, CA 94117; TEL: 863-9343
1st Thursdays: 7-9:30 pm
Expiration date: 03/08/96

Raelian Group - Kevin McGowan
140A Langton St, SF, CA 94103; TEL: 863-5173
Wed 2/28/96: 6-8:30 pm
Expiration date: 02/29/96

San Francisco Bicycle Coalition (SFBC) - David Snyder
1095 Market St #215, SF, CA 94103; TEL: D 431-2453, E 668-2406
1st Tuesdays beg. 12/5/95: 6-10 p.m.
Expiration date: 05/08/96

Trikone - Dyanthe McDougal
3570 - 17th St, SF, CA 94110; TEL: D 255-7984, E 552-9412
Sat 1/13/96: 11 am-3 pm
Expiration date: 01/14/96

Potrero

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